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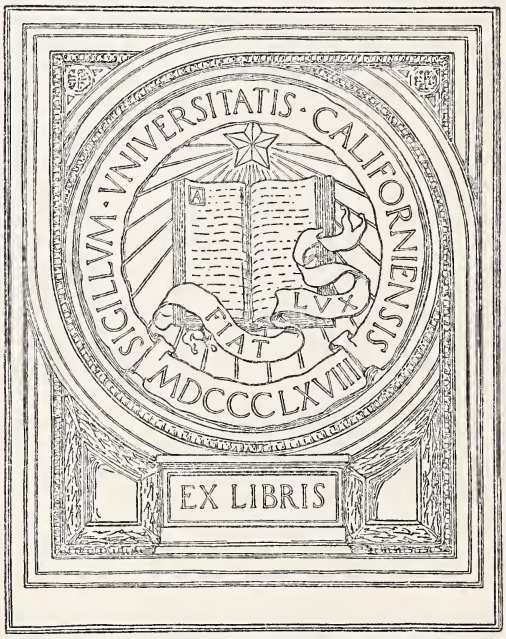

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Articles are, in many instances, listed in this Index under more than one head. All important business items of the annual meeting, as recorded in our August and September Journals, will be found under the heading, "Transactions of the House of Delegates." Reports of County Societies and local organizations within their bounds, as well as those of State, National and International organizations, will be found under "Societies." "Clinical Reports," "Abstracts from Medical Journals," "Editorials from Medical Journals," "Editorials from the Lay Press" will be found under those respective headings. Brief items from current medical literature are indexed under "Miscellaneous Items." The abbreviations are as follows: (O) Original Articles; (E) Editorials by the Editor of the Journal; (C) Correspondence.

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June 28-30, 1910

AT HOTEL CHALFONTE

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INFREQUENT PULSE.

Charles D. Bennett, M. D.,
Newark, N. J.

President's Address at the 94th annual meeting of the Essex County Medical Society, April 5th, 1910.

It was my original purpose in taking up the consideration of cases of infrequent pulse to study only those instances of slow heart action in which no other symptoms presented, or in other words not to study an evidence of disease, but rather a condition of supposed normal health in which simply a peculiarity of slow pulse was found, so to speak, by accident.

Many such cases have occurred to me in my experience of twenty-nine years as an insurance examiner, and the pulse rate at which the matter became especially interesting from the point of view of recommendation or rejection varied say from forty-five to sixty per minute.

Hearts beating at the rate of fifty to sixty were not at all uncommon. They were usually found in men of a quiet, unexcitable or phlegmatic type, in whom all the muscles, voluntary and involuntary, seemed to act with great deliberation, yet with power and effect. It seemed entirely unreasonable to reject such cases where no other defect could be found and it has been my general custom to advise acceptance of them, calling attention, however, to this peculiarity.

But I found that medical directors looked askance at these departures from the so-called normal ways and many times I have been called upon to re-examine and to give my reasons for my favorable opinion. Of course, working in the field, one could not often follow up a case to determine whether

a long or short life followed my finding, and after all these years only an opinion can be ventured and the doubt cannot be removed by a plain statement of fact.

Home offices seem equally at fault. One large company directs that all pulses below sixty should be looked upon with suspicion; another calls for special attention with pulse of fifty-five or sixty with a view of excluding certain diseases, and still another calls for especial care when the pulse falls to fifty-four. In no home-office instructions have I been able to find a positive statement that any fixed limit existed below which applicants were positively excluded. In a recent case, an applicant otherwise good, was excluded because of a pulse rate of forty-five, found constant by several examinations, although the examiner in this case advised acceptance. Another examiner reports on an applicant whose pulse was sixty, but whose father's pulse ranged normally from forty to fifty and in sickness had fallen as low as thirty beats per minute.

If we turn to our book authorities, nothing very definite can be obtained. Butler (Diagnostics of Internal Medicine, page 371) writes: "The normally slow pulse rate runs from sixty down to forty," also that "the pulse is slow in some healthy, usually strong and large bodied individuals and often slow in old age."

The general opinion seems to be that in old age the pulse becomes slower. Dr. Newton has reported a man of 83 of remarkable health and vigor with a pulse of thirty-eight. Richeraud has noted it as low as twenty-nine in a man of 88. Duckworth, in *Lancet*, August 4, 1890, speaks of infrequent pulse as not common but sometimes occurring as a constitutional peculiarity, with not more than thirty or forty beats in a minute, and adds that infrequency need not cause anxiety or a grave prognosis. Flint (Pepper's System, page 751) speaks of infrequency of heart beat as sometimes a congenital peculiarity and sometimes an acquired one, and instances Napoleon the Great, whose normal pulse was forty per minute, as an illustration of the first type. The acquired form he illustrates by a case of a physician whose normal rate had been seventy-two, but after a period of intense study the frequency gradually decreased and finally remained at from twenty-eight to thirty-two per minute.

Balfour, writing in the Edinburgh *Medical Journal*, says that all slow pulses, from whatever cause, are apt to be alarming from the tendency there is in such cases to pseudo-apoplectic and pseudo-epileptic attacks, but adds that a slow heart does not always give rise to such symptoms and is not incompatible with prolonged life and a fair amount of health. He has seen one case where the pulse rate was only seventeen. Bramwell (Diseases of the Heart) states that the pulse may sometimes be normally as low as fifty per minute. Seymour Taylor (*Brit. Med. Jour.*, 1891, No. 1589) says that bradycardia is defined as being that condition in which the heart beats do not exceed forty per minute. He speaks of it as occurring in health and frequently in tall, muscular men who were or had been athletic in their habits and in them it was not inconsistent with prolonged life and great mental vigor. He speaks of it also as not infrequently an accompaniment of old age, but an age which might be attended with no other sign of decay or degeneration.

It soon, however, became evident that my purpose could not be fulfilled by the study of cases otherwise normal except for slow pulse, and I was compelled to widen my field of observation and to study the points of differentiation between these cases and those in whom some other evidence of disease could be demonstrated. It then seemed reasonable to exclude those cases in which other symptoms were more prominent than the pulse rate, that is, those cases in which the person under consideration was clearly ill and whom, from an insurance standpoint, could not, at least at that time, be considered at all.

This enabled me to exclude such instances as slow pulse of jaundice, which, even in the non-febrile forms, may bring the pulse rate to forty or even twenty beats per minute, diabetes, inanition from wasting diseases, convalescence from acute disease as in pneumonia, relapsing fever, malarial poisoning, certain nervous trouble especially of the medulla, where the pulse sometimes falls as low as twenty beats per minute, some injuries of the head, tumors pressing on the aorta or arteries, some acute poisonings, as ptomaine, aortic stenosis, chronic myocarditis or coronary sclerosis, meningitis, notoriously the tubercular form, and sometimes in the chronic meningeal inflammation of alcoholics, in which latter disease I noted the slowest pulse rate I have ever found, ten beats per minute, and continuing at this rate for several weeks and terminating in recovery.

It would require consideration of those cases in which disease, while present, was

inconspicuous or perhaps in its incipiency or manifesting itself only at long intervals; such diseases as fatty heart, arterio-sclerosis, epilepsy, melancholia, chronic lead poisoning, and notably in that combination of symptoms, now generally classified under the term "Stokes-Adams Syndrome."

Melancholia might, it would seem, also be omitted, as unless of very mild grade, the presence of such a condition should be observed by any careful examiner, as also epilepsy, in which the only doubtful cases would be those of petit mal, in which the paroxysms occurred at long intervals. But the coincidence of a slow pulse with the history, as usually given, of a few fainting spells or recurrences of slight vertigos, often ascribed to indigestion, should put an examiner on his guard and call for very careful and perhaps repeated examinations.

Lead poisoning of the chronic variety does not often occasion marked derangement of the pulse rate unless the rather unusual form of lead encephalopathy is assumed or a fatty degeneration of the heart is induced. In such a case the other nervous symptoms are apt to be much more in evidence than the pulse rate. Where the pulse runs slow after long-continued exposure to lead, such a condition is more likely due to the secondary changes induced, resulting in arterio-sclerosis, contracted kidney or gout.

When we come to consider fatty heart and arterio-sclerosis, we open up a discussion which seems almost without end. Slowness of pulse has always been considered an especially common symptom of fatty heart. Osler (Pepper's System) says the beats may fall to forty or sixty or even lower. Schroetter (Ziemsenn) says it may be as slow as fifteen beats per minute. Gowers (Reynolds System) says that the diminution in frequency may proceed to a degree met with in no other affection. It may fall to forty, thirty or even twenty beats per minute and rarely as low as eight or ten beats per minute, but then usually preceding a fatal termination.

But the fatty heart is accompanied by other symptoms which should enable us to separate such cases from those of simply slow pulse. In the so-called fatty infiltration, or simple excess of fat in and around the heart, the sufferer would probably have a large deposit of fat on the body in general, sufficient to warn an examiner of the probable internal trouble. In the true fatty degeneration, where the muscular fibres are actually replaced by fat, many important symptoms come gradually into prominence which Osler mentions somewhat as follows: Weak, irregular action of the heart, with a small, intermittent pulse, cardiac pain, sometimes angenoid in character, dyspnœa, particularly on exertion; signs of cerebral anæmia, indicated by vertigo or pseudo-apoplectic attacks; and loss of mental power; the presence of an arcus senilis, and as a final symptom, Cheyne-Stokes respiration.

Butler in his Diagnostics mentions syncopal or anginal attacks: seizures of cardiac asthma, periods of bradycardia; pseudo-apoplectic attacks; Cheyne-Stokes breathing, and delusional or maniacal mental states. But none of these symptoms is entirely characteristic of fatty heart. The same description might very well fit the cases of arterial degeneration. And in fact, Osler writes that fatty degeneration occurs as a part of a process of general failure of nutrition, premature or senile, and these form the cases of idiopathic fatty heart which seem so constantly to be associated with atheromatous changes in the coronary vessels.

Krich (*Wien. Klin. Woch.*, May 25, 1901) says: "Extreme bradycardia is usually, though not invariably, associated with atheroma of the vessels, including most often the coronary circulation," and Rosenstein (Ziemssenn) writes: "Both the slow pulse and the hurried and at the same time irregular are most commonly observed in disease of the cardiac substance and of the vessels which supply it (the coronary arteries) and more rarely in valvular disease and general atheroma."

All of this discussion leads us naturally to the consideration of perhaps the most notable contribution of recent times to pathology; the fibres or band of His and the troubles connected with diseases affecting this band, commonly spoken of as Stokes-Adams syndrome or heart block.

The band of His has been well described in recent literature and it is sufficient for our purpose if we speak of it as "a definite connecting bundle of muscular fibres which passes from the inter-auricular septum downward through the fibrous auriculo-ventricular ring, to divide in the inter-ventricular septum into two branches, one for each ventricle, and terminating in the ventricular walls and papillary muscles."

The function of this band seems to be to preserve a co-ordination of muscular action of the heart so that the proper rhythm of auriculo-ventricular contraction may be

maintained and any impairment of its conductivity of contractile impulse from auricle to ventricle results clinically in the combination of symptoms, now described as Stokes-Adams syndrome or auriculo-ventricular dissociation.

Whether this co-ordinating control is transmitted along this band by the muscular fibres or by accompanying nervous filaments is yet uncertain, but that such a control does exist seems reasonable because definite and well-marked pathological changes have been repeatedly found in post-mortem examinations of persons who in life had exhibited symptoms formerly supposed to be associated with fatty heart or vaguely attributed to arterial sclerosis or still more indefinitely to functional heart disease.

The lesions reported seem largely to be degenerative changes in these muscular fibres, varying from slight fibrous markings to profound cicatricial deposits and often nearly occluding the coronary arteries, and many of the reports show a syphilitic disease process, even where syphilis has not been manifest by other symptoms. Sclerosis of the vessels, fatty degeneration of the fibres and an abnormal increase of fibrous tissue in the bundle have all been found.

Such pathological reports as these are constantly now recurring in medical literature: "Gumma in interventricular septum and no record or sign of syphilis." Symptoms had been attacks of syncope and pulse dropping from forty-eight to eighteen. "Case cardiac syphiloderma with chronic bradycardia of fourteen years' standing." In this particular case the pulse had ranged from thirty-three to forty for eight years with no syncope and the patient died from appendicitis. "Partial obliteration of the auriculo-ventricular bundle." The patient had been subject to syncopal and convulsive seizures.

"Gummatous infiltration of the auriculo-ventricular bundle; the superior vena cava was completely destroyed; the coronary sinus was involved in a cicatrix; the sinus of the left auricle formed a cicatrical ring; the interauricular and part of the interventricular septum formed a cicatricial lamina; the commencement and upper half of the main auriculo-ventricular bundle were completely destroyed; and the coronary arteries were partially occluded." Here the symptoms had been syncopal attacks with only slight symptoms of insufficiency of the heart's action. In these findings we evidently have a profound and serious pathological alteration of structure; a condition which can never be recovered from and in which the chances of sudden death are great. Indeed, Balfour claims that in true bradycardia, life is rarely prolonged more than three or four years.

Yet these cases often manifest very slight or occasional symptoms. They may range down from the well-marked cases of Stokes-Adams Syndrome with the characteristic combination of slow radial pulse, brief syncopal, apoplectic or epileptiform attacks and jugular pulsations in the neck, representing auricular contractions more frequent than the radial pulse, to perhaps the most common form of cardiac irregularity, the "extra-systole." In the extra-systole, the ventricular contraction does not occur as the result of the normal stimulus from the auricle but independently and prematurely.

It may often only be recognized by coincidently palpating the pulse and auscultating the heart, when the extra beat may be counted at the heart and not felt at the wrist. There is another form of missed beat at the radial where the heart beats in apparently normal rhythm, but every other pulsation is a weak one and will not be perceived at the wrist. This sometimes gives an apparently slow pulse when the true action of the heart may really be a rapid one and should always be borne in mind when unusually slow pulses are encountered. It may or may not be of serious import, but is usually due to some heart weakness.

While the extra-systole may be without other evidence of heart disease and be of little clinical significance or may be due to disturbance in some other organ only temporarily affecting the heart, yet it may also indicate some interference with the conductivity of the band of His or some increased inhibitory action of the pneumogastric nerve which delays the auricular contraction without markedly affecting the ventricular contraction.

If this interference or inhibition becomes very pronounced, it may result in the auricles and ventricles losing entirely their coordinate rhythm, either beat for beat or one beat for two and each establishing a new rate absolutely independent of each other and without arithmetrical relation; rates independent as for instance the numbers thirty-nine and fifty-one. This condition, of course, represents complete heart block and would usually be accompanied by other symptoms.

In a case reported in the *Deutsche Arch. of Klin. Med.*, Band 87, the slowness of pulse representing ventricular contraction of twenty-five or thirty per minute was a prominent symptom, while the auricular frequency was about fiftv and the rhythm was quite independent. In this case the patient's fitness for work remained unimpaired and he continued in pretty good condition except during an exacerbation of his trouble which was usually induced by alcoholic excesses. Usually, however, the block is not complete and an arithmetrical relation exists between the normal and the delayed pulse, often one-half, one-quarter or one-third slower, due to the inability of the ventricles to receive the contracting stimulus more frequently over the band of His.

By auscultation during these intervals, faint contractions may be heard which are generally considered to be auricular contractions, although by a few it has been contended that these are weak or abortive ventricular contractions, too weak to be felt at the wrist.

There seems to be almost no limit to this delayed ventricular heart action. Cases have been reported where the ventricle responded only ten, eight or even as low as three times per minute. Two cases have been recorded in which the interval was respectively sixty and ninety seconds, and in another notable case (Stengel's) the interval was two minutes and ten seconds.

Norfleet's case (*Med. Rec.*, Nov. 21 1903) for over a year had a pulse rate of forty-five or less with exacerbations in which the rate would drop to eight or nine and remain so for twenty-four hours.

Osler in a paper in *Lancet*, Aug. 27, 1903, speaks of the Stokes-Adams Syndrome as presenting clinical pictures of wide variation, some of acute type, rapidly fatal, others continuing for years with only slow pulse and pseudo-apoplectic attacks; and still others in which slight but well-characterized attacks occur at intervals in persons apparently well.

He considers three chief varieties. First, a post-febrile group; second, a neurotic group, following coarse lesions of the nervous system; and third, an arterio-sclerotic group. The latter he considers the most frequent.

From an insurance examiner's point of view, the acute cases and the chronic and senile cases would probably give little or no trouble, but the cases occurring in apparently healthy persons or the cases of slow pulse with only an occasional and perhaps very slight syncopal attack are the ones which might very easily be overlooked; or the vertigo or faintness be attributed to some trivial cause, as indigestion, and an entirely inaccurate and misleading report be made.

It is quite evident that many of the ailments so long considered as fatty heart, functional cardiac troubles, many of the so-called petit mals, and probably some of the indigestions have really been mistaken diagnoses and the real trouble a disorder of the band of His. Many have felt that the term "functional" only half concealed our ignorance of the real pathology and this cardiac degeneration discovery will go far in strengthening the belief of many that a true pathological degeneration lies behind every disorder either organic or so-called functional.

Nevertheless, to keep within the bounds which I originally set for this paper, I do not believe that every slow pulse is an evidence of Stokes-Adams Syndrome, but how shall we differentiate the safe from the dangerous cases?

In the first place, the few illustrations which I have given, and they might easily be multiplied many times, would seem to indicate that syphilis showed almost a predilection for the fibres of the band of His.

Ashton (*Amer. Jour. Sci.*, Jan., 1907) says that the association of syphilis and Stokes-Adams disease appears to have been a peculiarly frequent one. Therefore, slow pulse occurring in one who had had syphilis, at any time, no matter how remote or how thoroughly treated or apparently cured, should not be considered safe.

Such a case could not be safely considered even for a limited number of years as evidently a fibrous degeneration would be a permanent one and any seemingly trivial injury might start up processes which would result in the appearance of graver symptoms. Schreiber (*Deutsche Arch. Klin. Med.*, Band 89) reports a case of Stokes-Adams disease in which the first of the attacks of unconsciousness occurred ten days after a slight accident to the hand from the blow of a hammer. Once inaugurated, however, the attacks recurred daily for a while, with a pulse during the intervals of eighteen to twenty-four beats per minute.

Ashton's case first developed while riding in a street car and three days later, following a hard day's work, the convulsive and bradycardial attacks became frequent,

about every ten or twenty minutes, and continued until his death three weeks later.

Here a gumma of the heart involving the band of His was found. Yet this man had only had thirteen years previously, at age seventeen, mutiple "chancroid" of the penis which appeared eight days after intercourse, healing in eleven days with absolutely no late rash or constitutional symptoms.

In the same category should be placed those cases of slow pulse who had at any time, since childhood, exhibited any convulsive seizures or showed any tendency to vertigo or faintness. I am cognizant now of two individuals who may come under this class. Neither are regularly patients of mine and so I have not had the opportunity to closely examine them.

One, a man of about thirty-six years, has been a rather free liver in former years and I suspected that he has had syphilis, although I have never questioned him on this point. He is very stout, weighing about 235 pounds for a height of about five feet eight inches. His pulse is not remarkably slow when I have taken it, about sixty-five, but I have never seen him during a paroxysm.

In the last two or three years he has had attacks of syncope, accompanied with slight epileptiform convulsions of short duration and followed by a few hours of weakness and languor. They are infrequent, are not increasing in severity and occur at uncertain intervals and without any apparent exciting cause, such as undue exercise, overeating or excitement. Otherwise he seems very healthy.

The other case is that of a man sixty-five years of age, of rather spare build, of simple habits of living and probably has been moral throughout his life. He has, however, been a hard worker, giving close and persistent attention to his business, which has necessitated severe mental strain rather than physical tire. For about three years he has felt an increasing inability to attend to his business, having frequent and prolonged periods of physical exhaustion when work seemed impossible, yet with few symptoms except the profound weakness.

His pulse when I have taken it has been, like the first mentioned case, simply a moderately slow one. During these recent years he also has had several epileptiform attacks, sometimes almost apoplectiform, with extreme flushing of the face, short in duration but leaving him exhausted and dull for a day or two. These attacks were always terminated when I reached him. He unquestionably has some arterio-sclerosis, but I have not been able to hear any valvular cardiac derangement or any irregularity of the heart action. Neither of these cases has the classical Stokes-Adams symptoms, but each has enough to render one suspicious that such trouble might be slowly developing.

From an insurance point of view, the older man would not be considered at all; the younger one might very possibly apply for at least an endowment policy and would no doubt explain away the convulsive attacks, as in fact his friends do at the present time, by calling them fainting spells and due to indigestion, especially as, so far as I know, several months have elapsed since the last attack.

Another point to make is that a pulse habitually and continuously slow is a safer condition than one in which the pulse usually at the so-called normal rate—say seventy-six—occasionally drops at more or less regular intervals to fifty, forty or less. This would imply either some slight interference with the conductivity of the bundle of His or else some increased and intermittent inhibitory action of the pneumogastric nerve. In either case there is indicated some lack of control or loss of balance in the nervous action of the heart.

Many of the typical cases of Stokes-Adams disease have their beginning in just such symptoms.

It would seem then that it is not possible to answer categorically the question. Is an unusually slow pulse a normal and healthy condition? All that one can say is that the very slow pulse does not of itself imply anything wrong and is quite compatible with perfect health and longevity.

But to be safe it must be simply a slow pulse and must not be associated with any other symptom. Any coincident deviation from the normal action of other organs of the body should at once arouse suspicion, and unless the derangement can be shown clearly to be temporary and due to passing causes, the risk should be declined.

Reigel (*Zeitschrift f. Klin. Med.*, 1890, 17), in a long and valuable article, concludes that "Only by observation of all the other symptoms can the diagnostic and prognostic indications of bradycardia be determined in any given case."

With this dictum I quite agree.

The cause of an obscure symptomless fever may be a pyelitis. Primary examination will establish the diagnosis.—Amer. Jour. of Surgery.

BUSINESS METHODS OF PRACTICE.*

By Arthur E. Ewens, M. D.,
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After having agreed to prepare a short paper upon this subject, it occurred to me that it might have been more properly assigned to one of the older members of the profession. Before proceeding with the consideration of this topic, I therefore wish to emphasize the fact that I neither sought this opportunity to participate in the program for this evening, nor is the subject-matter of this paper one of my own choosing.

There undoubtedly is, and very properly there should be, a business side to the practice of medicine; although it is an undisputed fact that a great many physicians, if not the majority, fail to pay proper attention to this important aspect of their profession. There is a very widespread sentiment, which all of us have heard from time to time, that the physician's apparent utter disregard for ordinary business principles in connection with his practice is a highly commendable trait, and that a more businesslike attitude on his part would be altogether unbecoming and inconsistent with the higher and nobler objects of his calling. The medical profession most justly deserves to rank as an honorable and high calling, and I would be one of the last to advocate any methods, whether of a business nature or otherwise, that would tend to lower the dignity of this profession or to place it upon a purely commercial basis; but it is my belief that the prevailing sentiment just referred to, while not without foundation, is somewhat unreasonable, and that the physician's reputation for being "the poorest businessman in the world" can be perpetuated only to his discredit.

There is abundant reason for assuming that very few men enter the medical profession solely in quest of worldly gain, because statistics relating to the income of the average physician, and more particularly to his financial standing at the close of his professional career, certainly would not encourage anyone with strong mercenary tendencies to choose this field for his life-work. On the other hand, I do not believe that there is a very large percentage of practicing physicians who, when they resolved to undertake the study of medicine, were actuated merely by a charitable impulse and with the single purpose of assisting in the relief of human suffering, though this desire should, and naturally does, occupy a prominent place in the aims and ambitions of every conscientious doctor. We would perhaps arrive more nearly at the truth of the matter were we to assume that the average young man who contemplates preparing himself for the practice of medicine does so, first of all, because of natural bent, or perhaps because he aspires to a profession and believes that his college training, and probably his environment, has best fitted him for the pursuit of medical study. Having assured himself that he possesses, at least to some degree, the proper temperament and taste for the work he has in view, the next question that naturally arises is whether the practice of medicine will be sufficiently remunerative to afford ample means of support for himself and his family. Since most of us must have had this thought in mind when we entered upon our course in medicine, the fact that we proceeded with our studies and adopted the calling goes to show that we did expect it to yield us at least a comfortable living. Had our conclusions been to the contrary, I am quite sure that the majority of us would have turned our attention to some other pursuit in which the outlook seemed more promising. In making this statement it is not my desire to give any undue prominence to the financial considerations that enter into the practice of our profession, for no physician is worthy of his calling if he permits his work to be dominated by purely selfish motives. I merely wish to call attention to the fact that money-matters do demand a reasonable share of attention, inasmuch as our practice is, with the vast majority of us, our sole means of earning a livelihood.

Too many physicians are apparently content to derive a comfortable living from their practice, and do not seem disposed to make any provision at all for a "rainy day." No man, whether he be a physician or not, has any moral right to ignore the possibility of an emergency that may deprive him of his earning power, and if he have a family, a still heavier obligation rests upon him in this respect. Is it, therefore, such a deplorable thing for a physician to employ legitimate business methods whereby he

*Read before the Alantic County Medical Society, Atlantic City, March 11, 1910.

may obtain what is rightfully due him, and strive to increase his savings as much as possible from year to year?

In many instances the physician makes a financial failure of his practice, not because he lacks professional skill, nor on account of his having been unable to acquire a sufficiently large clientele, but simply because he has not made use of proper business methods. It has become proverbial that doctors do not know a thing about "business." There is many a doctor who seemingly boasts that he possesses no such knowledge, and it is an every-day occurrence to hear them say they are "poor collectors." It is this class of physicians who are doing the profession an irreparable injury and who have brought about a state of affairs that makes collections difficult for those who do employ good business methods.

As to what constitutes good business methods, each man must, of course, decide for himself, and there is necessarily a great diversity of opinion upon this subject. Every physician should, however, give this matter thoughtful consideration in order to establish in his own mind a definite idea of what he really would consider good business principles, and then diligently apply these principles to his every-day work. It is of the utmost importance to begin right, for when once we have become accustomed to certain methods, whether they be good, bad or indifferent, it is usually found to be a pretty hard matter to change our original plan of procedure.

One of the first essentials is a proper understanding of bookkeeping. Without an adequate knowledge of this simple process, no physician can keep a systematic and reliable record of his work. A charge should be entered for every service rendered, and credit given for every dollar collected. Not a single item ought to be entrusted to the memory, nor should a day close without every charge and every credit having been carefully transferred from the day book to the ledger. If this latter procedure is made a matter of daily routine, it is always practicable to turn to our ledger and ascertain at a glance the exact amount that is due on every patient's account. Many a physician who is lax in his bookkeeping, is occasionally made to realize the significance of this apparently minor consideration when a patient, desirous of settling an account, walks into his office at a busy hour, and he finds himself unable to make out a bill without the tedious operation of going all through his day book or day cards in order to ascertain the number of visits he has made. In many instances he can not spare the time necessary for this sort of thing and is compelled to make some apology to the patient, assuring him, perhaps, that a bill will be forwarded in due course, or something to that effect. This attitude on the part of the physician certainly does not reflect any credit upon either himself or his profession from a business point of view, and is apt to be construed by some people to indicate an utter indifference to financial matters. Should we be surprised, therefore, that certain patients, who are well able to pay for medical services, show a corresponding degree of indifference when we remind them of their indebtedness?

Before leaving this subject of bookkeeping, it might be well to call attention to the reasons that physicians usually give for their lack of systematic attention to this very essential duty. The principal excuse is that they haven't time. It has always been difficult for me to reconcile such a statement as this with the fact that a matter so simple as the bookkeeping of the average physician requires but a very few minutes each day. Other doctors will tell you that they do not succeed in keeping a set of books satisfactorily because they despise bookkeeping or because they have never taken occasion to familiarize themselves with the principles involved. These men would certainly find themselves in a most embarrassing predicament should any legal proceedings arise that would require them to produce their books as evidence. Whenever a physician, for any reason, finds it impracticable to attend personally to this department of his work, he will be sure to profit by the employment of a competent person to look after it for him.

The question of medical fees is rapidly becoming one of vital importance to the profession. Of course a physician with an established reputation experiences little or no difficulty in maintaining fees that are fully commensurate with the value of his services; but there appears to be a tendency on the part of some members of the profession to undercharge their competitors in order to advance the number of their patients. Unfortunately it is not only some of the younger members who display this tendency, but we occasionally discover facts that convince us that even physicians who have attained a fairly prominent position

are not upholding adequate fees—though we may do the latter class an injustice if we attribute this in every instance to a mean motive. When a physician uses his brother practitioner's scale of fees to enhance himself by "cutting under," he descends to a very low level indeed, and it is questionable whether such a deplorable method will enable him to prosper in the long-run. But, whether men of this character prosper or not, their actions certainly do the profession a great injustice by tending to create in the minds of some people a false impression as to what a just charge for professional services should be.

Another very prevalent evil is the willingness of some physicians to permit their patients to dictate terms to them, or to make reductions to suit and please their patients. This is undignified and brings the profession into disrepute, besides being unjust. If your services are not worth what you have charged for them, say so and take less, but do not underrate these services by reductions that are ridiculous from a business standpoint. In making out a bill, especially if it be for services rendered during a long illness, we should always have due regard for the patient's means, and make our fees, as nearly as possible, correspond with the person's ability to pay. Having done this, we should never, under any circumstances, receipt a bill in full upon the payment of only two-thirds or three-fourths of the entire amount. When ever this is done, the natural presumption must be that we acknowledge an overcharge and do not, therefore, consider our services worth what was originally asked.

Not only should we thwart the numerous attempts of patients to secure a reduction of our fees, but we should also put a stop to the schemes of designing people who frequently succeed in obtaining advice in such a manner as to escape any charge at all. I have reference, particularly, to the use of the telephone. Whenever anyone chooses this means of consulting us, there is no just reason why a fee should not be charged, and for advice obtained in this way I should think it would be altogether proper to make the same charge as for an office consultation.

In some parts of this country, and especially in the West, many of the County Medical Societies have adopted a fixed schedule of fees, prescribing the minimum charges for various services. Wherever such a scale of fees exists, I have been told that there is no such thing as a *"fifty-cent office consultation."* As this accords with my own views on the subject, I earnestly hope our own County Medical Society will some day take this matter in hand.

Without going further into the question of fees, though it is one about which a great deal more might be said, let us direct our attention for a few moments to the subject of collections. As previously stated, many doctors frankly admit that they are "poor collectors," and we frequently hear of a physician who, at his death, was found to have had on his ledger unpaid accounts aggregating many thousands of dollars, which were not worth the paper on which they were written. The average physician's ledger would not contain so many uncollectible accounts if he would take the pains to inquire of every new patient who his former physician was, and then ascertain from that physician the patient's reputation for paying his bills. If this practice were universally adopted, it would not be such an easy matter for dishonest people to impose upon doctor after doctor as so many of them do. Such people find the young physician an especially easy victim because of his eagerness to acquire a practice. Probably the most effective means of preventing this wholesale imposition would be for all the physicians in a town to contribute yearly to the maintenance of a "black-list."

The physician himself is many times to blame for his failure to collect outstanding accounts, and the majority of these accounts would not attain any great size if he would adopt the plan of sending out bills at frequent intervals. There is no one thing that occasions so great a financial loss to a physician as procrastination in the the matter of sending out bills. To mail a statement of the balance due on *every* account the first of each month entails considerable work, it is true, but this practice is productive of such a decided increase in the percentage of collections, that its importance cannot, in my judgment, be overestimated. Many physicians, I know, have the erroneous idea that monthly bills are apt to offend their patients. There is no real foundation for any such notion. Have printed on your bill-heads—"Bills rendered monthly"—and if you carry out this rule to the letter, I am sure that your collections will show an increase of more than 15 per cent. Furthermore, I would be willing to wager that whenever you lose a patient because he takes offense at your methods, a careful investigation into his reputation for

meeting his obligations will convince you that he is "N. G."

I will not take up the matter of difficult collections, for in doing so I would be trespassing somewhat upon the subject of another paper for this evening. In conclusion I merely wish to express the belief that many of the accounts which physicians seem disposed to regard as worthless could be collected by the employment of more persistent and business-like methods.

THE SCHOOL DOCTOR.*

By W. B. JENNINGS, M. D.,
HADDONFIELD, N. J.

Since it has been obligatory that all Boards of Education in the State of New Jersey, under a law enacted in April, 1909, appoint medical inspectors, it has been my good fortune to be medical inspector of schools whose aggregate number of pupils is about one thousand. I say good fortune, because I know that the medical man in the school has a large field for very good work.

As the doctor is a new feature in at least the great majority of schools in our State, he is probably at first regarded as superfluous and his work is more or less looked upon with suspicion. As the time goes on his importance begins to be felt and after a time he becomes an established factor in the school.

It requires some tact for the school doctor to get along well with the teachers, pupils and parents or guardians and to be in a position not to occasion discord with the family doctor.

It is the duty of the school doctor to exclude from the school at once any pupil who is suffering from any contagious, infectious or communicable disease, either actual or suspected. It will be seen that he makes his diagnosis very often problematically because he only sees the case once and very often will not have any history. So it is incumbent upon the family physician, in view of these facts, to be charitable to the school doctor because he will make mistakes. But it is his duty always to favor the protection of the other scholars when doubt exists and leave the matter to the family physician to clear up the diagnosis.

Sometimes parents or guardians complain because their children are sent home without much appreciable sickness and accuse the school doctor of being meddlesome, but I am sure that honest, careful efforts cannot but be respected. I remember asking one mother whose child was sent home with a skin eruption and who thought that her physician was sufficient, how she would like her boy to be in a room with some one who might have scarlet fever. I told her that careful, intelligent people would appreciate the protection of their children. She said she had not thought of it in that way, and she apologized to me.

The prevention and stamping out of contagious, infectious or communicable disease in the school are matters of the most vital importance. Heretofore when contagious diseases such as smallpox, scarlet fever, diphtheria or other diseases were reported to the school, the Board of Education, after the case or cases had existed for several days, would call a meeting and it would be decided that if other cases occurred they would close the school, or possibly that the school be closed at once and that they would burn some sulphur or use formaldehyde gas, but with the medical man right on the ground at the first report, who exercises the authority given him to promptly exclude any suspected pupils and who has the school thoroughly fumigated and disinfected, an epidemic may often be averted. It is unnecessary to close the school unless several cases are reported, contrary to former opinions, because with the precautions taken that I have stated the disease does not continue to exist in the school. As has been said, that if you can get control of the first case of smallpox you can check the contamination of other persons; so, as the schoolhouse is the hotbed of scarlet fever, diphtheria and other communicable diseases, prompt and efficient methods will often check the disease. It is of the greatest importance that children suffering from communicable diseases, or others who have been exposed, should not return to school until after all possible danger of contamination has passed.

The regular systematic examination of each pupil, which includes weight and height, expansion of chest, conditions of the heart, lungs, ears, eyes, throat, nose and teeth, also dates of last successful examination. A card system is furnished each school by the State Board of Education for these examinations. The cards are printed so that ten yearly examinations are to be recorded, and in that way careful observation of the development of each pupil can be watched. It is surely not expected

*President's Address, read at the meeting of the Camden County Medical Society, April 26, 1910.

of any school doctor that he shall be a specialist, but that he, in a general way, shall point out at least the gross maladies that the pupils are suffering from and endeavor to have them corrected, when any pupil is found to be suffering from any physical condition that does, or may, interfere with his work in the school or in after life, and it is the duty of the school doctor to inform the parents or guardians of the condition. It may be eye-strain, nasal obstruction or other faulty conditions, and while the abnormal condition may or may not have been known to the family, a note from the school will often excite them to investigate and they will consult their family physician or a specialist. A great many children suffer from serious physical maladies that were never known until pointed out in the course of the school inspections. The correction of defective conditions will often bring wonderful change for the betterment of the child.

It is the duty of the school doctor to look carefully into the sanitary and hygienic conditions and also the moral condition of the pupils. He is to make frequent visits to the school and promptly respond to any summons to do so.

The matter of backward children in school caused by physical infirmity, is exciting a great deal of attention. The matter of physical exercise will come under the doctor's observation. Also sexual hygiene, while a very delicate subject, which really ought to be attended to in the home but is very often sadly neglected, is a matter for every school doctor's careful consideration.

I have not attempted to go much into details or give statistics, but have written this paper after a short term of service in our schools, but I am so impressed with what can and ought to be done that I have ventured, in a very general way, to present this subject to the society.

Blood Cultures in Mastoid Disease.—Until within recent years the evidence of a general bacterial invasion of the blood with the formation of numerous pyogenic foci, founded mainly on the symptomatology, was considered of grave prognosis. But since the medical profession, through the researches in the bacteriological laboratories, has come to have a clearer understanding of the bactericidal activity of the blood serum, great hope of recovery has been held out in these cases, especially when there has been a possibility of discovering the "pus focus" and removing it. The value of the blood culture as a matter of routine in all cases where there is an intermittent or remittent temperature with chills, can hardly be overestimated.—Harold Hayes in the Chicago Medical Recorder.

PROLAPSING KIDNEY.*

By Emery Marvel, M. D.,
Atlantic City, N. J.

Prolapsing kidney implies an excessive displacement of that organ. This displacement is forward and downward and varies from two to six or more inches in the excursion. The normal kidney is slightly movable, but when the degree of mobility permits the organ to leave its moorings sufficiently to encroach upon other viscera or to embarrass its own function, the displacement becomes a disease. The disturbance arises from the kidney itself, and also the adjacent organs. It directly affects the kidney by venous and ureteral stenosis, though the disturbances mostly arise from pressure upon the colon together with the agitation of the sympathetic nervous system. This is communicated through the solar plexus, either direct or via the renal, adrenal and aortic branches. The right kidney is more frequently involved than the left, the female more often than the male.

Variation in the shape of the spinal column is probably the most common predisposing cause of this trouble. The renal fossa is formed by the dorso-lumbar curve of the spine into which hollow the kidney normally rests. The upper pole of the kidney lies above the twelfth rib—the right slightly lower than the left. The posterior surface lies upon the muscles and fascia that form the posterior wall of this hollow. The muscles take to the form made by the spinal curve and when this curve is normal a floor is formed by the lower arc, which gives support to the kidney. The kidney having no ligaments, it is retained in position by resting upon this curve together with the support of the renal vessels, perirenal tissues, peritoneum and possibly intra-abdominal pressure. It can easily be appreciated, then, that a lessened curvature such as a straight back, removes the main resistance to the downward displacement. Relaxation of the peritoneum and the trabeculæ of the perirenal fat favors the forward dislodgment. Undeveloped tissues, exhaustion from sickness, and mal-nutrition from poor assimilation act as contributing factors. Chest compression, coughing, sneezing and other like acts become potent forces to push the liver down and forcing before it the kidney; while jumping, falling,

*Read before the Dutchess County Medical Society at Matteawan, N. Y., July 13, 1909.

walking, enteroptosis and possibly constipation become factors acting from below.

Much emphasis has been given by some writers to tight lacing being a common cause. My observation rather depreciates this, for nearly all subjects are so thin that they practice the increase of their form rather than diminishing it. Constipation has been charged as a cause. It may be, but I am inclined to think it is more a secondary than a primary factor. The prolapsed kidney presses against the ascending colon (if it be the right kidney) and becomes a factor in retarding the fecal current. Not only is constipation resultant, but by the distension of the cæcum produced by the dammed-back feces, the valve of Gerlach is opened and the feces forced into the appendix. Appendix irritation, if not active appendicitis, is, therefore, associated with nearly every cause of prolapsing kidney.

The symptoms are complex. Reflex nervous manifestations are common. Usually they are more manifest in depression than excitement; disinclination for social affairs, desire to be quiet and oftentimes to be alone; at the same time fearful of a calamity and apprehensive of death. Fainting upon the slight provocation of walking or standing, is not uncommon. The digestive disturbance is marked, but of a chronic nature. A feeling of goneness in the epigastrium is frequent, or nearly constant. Nausea—seldom vomiting—and a disinclination to take food. In fact, often the subject will go to the table and at once will be obliged to leave on account of the annoyance the sight of food gives—a symptom not unlike that experienced by the pregnant. A feeling of fullness in the lower abdomen, not infrequently directed to the right side. Constipation is common. Frequent urination such as is experienced with renal tuberculosis and calculi, is frequent. This disturbance is more marked during activity. The urine may be normal, though renal epithelium and albumen, and less frequently leucocytes, are likely to be present. The most distinct symptom is so called "Dietl's crisis." This symptom, however, manifests itself in a very small proportion of cases.

Although the symptoms are indefinite and, taken singly or in the composite group, may be occasioned by other causes, a physical examination simplifies the diagnosis. The finding of the prolapsing kidney is not difficult. The recumbent or erect posture may be selected for examination. Gravity favors the displacement when erect, while greater relaxation of the abdominal muscles is secured in the recumbent, which position is most convenient to both patient and examiner. To examine in the recumbent one needs to advance the usual bedside investigation but a step farther. With the head and shoulders elevated, the legs flexed, the opposite hand of the examiner to the kidney being examined is placed as near the last rib as possible with the thumb anterior and the fingers grasping the back. The patient takes a long breath, at the same time the hand closes well up under the rib, then by forcing the kidney down and by maintaining the grasp, the kidney can be retained in its displacement. A prolasping kidney usually regains its normal position when the recumbent position is taken, which necessitates forcing it from its moorings when examining in this position. In the erect posture the kidney is likely to be found down. This conduct favors the finding. The patient stands against the wall with the hands secure upon a chair and bends forward. The examination proceeds as in the recumbent position. The prolapsing organ can be determined in difficult cases in the erect position with more certainty than the recumbent. In suspected cases, if not found in the recumbent, the examination should also be made in the erect posture. The symptoms being mostly reflex makes difficult the differentiation from like symptoms occasioned by other causes. However, the digestive symptoms are more marked, exertion emphasizes the complaints more positively, while rest in the recumbent is more sought by the patient than when similar symptoms are due to other causes.

The disease signifies invalidism in a greater or lesser degree. The subject, if poor, is incapable of work and becomes a charge upon those unable to bear it; or, if favored with luxury, is unable to participate in the active pleasures, and thereby becomes a hindrance to others. Her disinclinations to join in the social functions, or when she forces herself so to do, her discomforts cause her to break off abruptly the arrangements to the embarrassment of all. Sometimes she is pronouncedly hysterical, not infrequently the family has been told by her physician she needs to be diverted from self and thrown upon her own resources. She tries it and every activity aggravates the distress; she rebels; sympathetic bonds are broken and she evades the association of family and friends, seeking to be alone.

Her family thinks her queer and fears for her mental condition.

The kidney is jeopardized. Passive congestion from venous stenosis followed by cloudy swelling becomes a favorable soil for bacteria, or the foundation of an active nephritis. Pyonephritis is an end result in a good proportion of these cases.

Let it not be understood that I am of the opinion that every case of prolapsing kidney produces the disease picture here described. Far be it from that—I am conscious that frequently a movable kidney produces no great disturbance. Especially true is this of the left kidney, which is infrequently involved. But, realizing the distress of the great majority of these subjects, the progress of the often unrecognized disease, and being convinced that there is a definite help for these unfortunates, justifies an appeal for a closer scrutiny for the recognition of the trouble and the prompt and judicious application of the remedy.

The treatment should aim to place the kidney in its normal position and there retain it. The organ replaces itself in most cases if the patient takes the recumbent position. This fact greatly favors the so-called rest treatment. In this treatment of absolute rest, lying in bed with forced feeding and proper attention to elimination, much benefit is attained. The main factors favoring this treatment are the relief from the sinister influence of the displaced kidney as the kidney replaces itself while lying in bed, and the great general benefit of rest and better nutrition. Though benefit is gained it is not permanent, and soon after its discontinuance a return of previous troubles is experienced. Mechanical support is advised. This consists of an abdominal belt with or without a pad placed in front and beneath the kidney. When proper adjustment can be secured, this device helps materially. Its benefits are only experienced when the support is worn. The harness often becomes irksome and begets rebellion against continuance for any length of time. Neither of these methods of treatment results in permanent retention of the kidney, and when discontinued a recurrence of the condition follows. Realizing that relief is given when the kidney is retained in its normal position, it behooves us to secure it permanently.

Hahn, in 1881, working with the prevailing belief that the fat around the kidney was the retention factor, attempted to secure a displaced kidney by attaching the fatty capsule to the lumbar wall. This failed and a nephrectomy followed. Since Hahn's first attempt various surgical methods have been advanced to hold the kidney in position; sutures, however, have been depended upon in the majority of these methods. Sutures of periosteum from the lower rib, stips from the lumbar fascia, and even fibres from the muscles have been used at various times by different advocates. Wire, silkworm gut, silk and thread have found definite advocates. Accepting, as we believe to be true, that surgery offers the only certain means to secure the effect desired, what method will obtain this with greatest satisfaction? Let us consider for a moment what is to be desired—permanent retention; this retention to be nearly as possible in normal position; chance the minimum risk to life; protect the organ from damage, and submit the patient to the least discomfort and inconvenience.

Edebohls, Kelly, Noble and others practised transfixing of the organ with sutures. This method offered one particular objection—the sutures offered avenues for infection and with traction against the soft parenchyma, threatened damage to the organ. Kelly obviated this latter difficulty by catching the capsule at right angles to the transfixion suture, thereby gaining a relief of traction from the parenchyma, and also securing traction across the uriniferous tubules instead of parallel with them Lately, I believe, Dr. Kelly has discontinued a transfixion suture, fastening the unstripped capsule alone by attaching with a Brœdel stitch.

A method known as Senn's method depended upon exciting granulations and adhesions between the surface of the kidney and the lumbar wall. The kidney denuded of its fat, the surface sacrificed, a hammock of gauze suspends each pole. After vigorous granulations are promoted, the gauze is removed and time given for the adhesions to form and the wound to close. Catgut and rubber tubing links have been used by some operators (Deaver, Beyea and Martin) to connect segments of gauze to make easier the task of removing the hammock. Deaver has discontinued this method, and now practices a method similar to one later to be described. Were this method absolutely dependable in securing retention, and retention in the normal position, which it does not, the sufferings of the patient during the presence of the gauze, the agonizing pain occasioned by its removal, the subjection of an open wound to infection with the prolonged convalescence necessary, are suf-

ficient reasons, in my judgment, to oppose it. In order to test the tensile strength of the respective kidney structures and especially the capsule, my associate, Dr. J. J. Coons, and I, in 1903, made these observations. We suspended a spring weighing scale, fastening to its beak the ureter of an attached kidney. Sutures were placed in different structures and the traction strength measured by suspended weights. The fat capsule could not sustain an ounce weight. Sutures transfixing the decapsulated kidney began to cut the tissue at four ounces. Transfixed through kidney with capsule attached yielded with eight ounces; the same suture in capsule alone when stripped sustained twelve ounces, and when the suture was repeated over, before the traction was applied, it sustained a pound weight. Since then Brœdel, of Baltimore, has devised a stitch which, when applied to the capsule, increased this traction strength materially, if not manifold. Having in this experiment found that the true capsule alone was capable of not only sustaining as much, but very much more than capsule and kidney structure combined, suturing of the capsule alone has been used ever since and has proven secure.

A method that has gained for me the desired result is: After the kidney is approached as usual the fatty capsule is freed, incise the true capsule from upper pole to within an inch of the lower pole; strip then the capsule two-thirds down from both sides, place two modified Brœdel stitches in each section of the capsule, gaining good hold and leave the ends free. A slight variation of this stitch, being a half stitch, is taken on each side with the same suture at the lower pole, about where the capsule is detached. All the suture ends are rethreaded, placed in selected positions through the muscle and lumbar fascia and fastened, pains being taken to place the upper sutures, on each side, sufficiently high that when traction is made in fixation the kidney replaces its pole under the rib. The fascia surfaces are then sutured together and the wound closed by a sub-cutaneous suture. When the true capsule is removed there lies closely hugging the kidney a very thin but distinct covering. But little or no bleeding is occasioned by the operation if care be taken not to injure the parenchyma, there being no vessels of importance communicating from the kidney cortex to the capsule. The operation replaces the kidney high in its normal position; immediate retention is secured; does not injure the kidney in the slightest; gives the patient the least discomfort; results in prompt repair, thereby occasioning the least inconvenience. The risk to life is incomparable—the mortality being nil.

Chronic appendix involvement is sufficiently often associated with prolapsing kidney to consider its removal at the same operation. This is safely accomplished through the same incision as the kidney is approached. With these consideration it is to be recommended that when reflex nervous symptoms are active, or when insidious digestive disturbances are present, the kidney's position should be investigated. If the kidney is prolapsing it may be suspected of the cause. If convinced of its responsibility the kidney should be promptly fastened in the normal position.

Clinical Reports.

A Cyst of the Arachnoid.

Reported by Dr. Camillus Bush, at a meeting of the Academy of Medicine, San Francisco, Cal.

The case is that of a young man who has always been perfectly healthy up to the present illness. He admits that there may have been the possibility of luetic infection. One and a half years ago he fell on the ice, striking the back of the head; he was not unconscious. Almost immediately he complained of headache which has persisted up to the present time. The peculiar part of this headache is that it has been limited entirely to the left side of the head. He began to have changes in his disposition, becoming morose, jealous and having fits of temper and being apt to jeopardize the lives of his best friends. At the same time there was a sense of oppression in the head and sense of dullness in the eyes and he was unable to see things clearly. When he would talk he said his eyes felt as if they were "poking out" of his head. Aside from these subjective symptoms there was nothing else to be noted. On examination the only thing which gave a clue was the fact that his left eye background showed perfectly distinctly, though only to a mid degree, choked disc. The right eye was perfectly normal. In the meanwhile, for six months, this man had been on antisyphilitic treatment without improvement. X-ray plate taken of his head showed a shadow in the region of the occipital protuberance which seemed somewhat like a depressed fracture of the head; but the symptoms were so obscure that no great dependence could be put upon this point. After a long discussion, the only point in favor of the trouble being organic being the headache and choked disc on that side, we finally decided to do a decompressive operation. The trouble was probably on the left side on account of the headaches. A subtemporal decompressive showed something hardly to be expected, although Dr. Birch was strongly of the opinion that it was likely to be some lesion of the frontal lobe. We uncovered parts of the inferior

and anterior central convolutions and went down to the tense dura which, when opened, showed perfectly clearly a beautiful subdural cyst, really a cyst of the arachnoid; the summit of the cyst was very thin. It was cut away and the cyst emptied itself of a good deal of fluid, probably almost an ounce. The cyst did not penetrate deeply into the brain, but spread out. We excised the top of the cyst and enlarged the decompressive opening, but did not see any more evidence of the cyst. This was four or five weeks ago. The eye ground promptly cleared up, the choked disc subsided. There were few objective symptoms in the first place. We have to take the man's word for the improvement and he says that the world looks differently to him.

Hernia of the Frontal Sinus.

Reported at the meeting of the New York Academy of Medicine, Section on Pediatrics, April 14, 1910, by Dr. Mary Sutton Macy.

A child, 14 months of age, who had been seen on the previous day for the first time. The baby had been spontaneously delivered. There was a tumor over the bridge of the nose which had existed since birth. When the child cried it became smaller. The tumor pulsated and a tentative diagnosis had been made of hernia of the frontal sinus, or a meningocele, or a pulsating angioma. The tumor was reducible by pressure.

Dr. Ward Bryant Hoag said that he had seen an exactly similar case at the New York Polyclinic. It had appeared in Dr. Kerley's service and they had concluded the tumor was a meningocele.

Dr. L. Pierce Clark said that he had seen but two or three of these cases at the Randall's Island institution. He was surprised that the meningocele disappeared in greater part when the child cried. The condition here was practically the same as in spina bifida and a similar operation of closing the communication with the cranial cavity might be undertaken. One should bear in mind that these cases did poorly under any form of surgical manipulation.

Dr. Henry W. Frauenthal believed this was a case of meningocele. The X-ray would aid them greatly in making a diagnosis.

Entotic Tinnitus Perceivable Objectively in Pregnancy.

Reported by Dr. Robert L. Moore, Columbia, S. C., in the A. M. A. Journal.

In January, 1907, Dr. R. A. Lancaster, of this city, requested me to see Mrs. T., aged 30, who was complaining of a noise in her left ear which was so persistent and annoying that sleep was greatly interfered with and decided nervous symptoms had appeared.

The woman was eight months pregnant and the noise had begun about a month before my visit to her. Examination showed nothing abnormal in either the conducting or the perceptive mechanism. Any one within six inches of the patient's left ear could easily hear a fine chirping sound synchronous with each systole of the heart, and disappearing with pressure on the external carotid. An auscultation tube greatly magnified the objective sound, which was very much like the chirp of a sparrow. No aneurismal bruit could be discovered about the head, and urinary analysis and ophthalmoscopic examination failed to reveal any pathologic lesions. The woman was rather large and well built, and had experienced no trouble in her pregnancy until the tinnitus appeared. No syphilitic history could be elicited, and iodids and bromids failed to give any relief. Immediately after the uterus emptied itself the tinnitus disappeared and there has been no recurrence.

As there are so few cases of this kind reported, this one seems worthy of record.

Suppuration of the Attic of the Middle Ear, With an Unusual Form of Hernia of the Drumhead and Transient Labyrinthine Involvement.

Reported by Dr. H. Gradle, Chicago, in the Illinois Medical Journal.

Mr. J. C., a healthy man, aged 38 years, had an acute attack four weeks previously, supposed to have been influenza. A left-sided earache of one night was followed the next day by discharge, thick from the beginning, which had not diminished in amount, although never very copious. There was some pain irregularly which had again increased within the last three days. A colleague who had treated him now proposed mastoid operation. The patient seemed otherwise in good health and with normal temperature. There was variable pain in the ear itself, none behind it. with slight tenderness over the lower part of the mastoid only and scant mucopurulent discharge. The drumhead was hidden by a tumor springing from above and in front and leaving only a narrow chink downward and backward between the meatus wall. The tumor was apparently covered with epithelium and felt solid and slightly mobile to the probe. Hearing fair for whisper and watch heard through the air. In order to prepare for snaring cocain and adrenalin were applied and then injected with a fine needle into the tumor. The excessive tenderness on using the needle led me to defer the use of the snare. After the cocain injection had reduced the sensitiveness to touch I incised the tumor and found it hollow with walls perhaps 3 mm. thick. On catheterizing, the air escaped through the incision without expelling any more fluid. The tumor was evidently a pouch of very much thickened tympanic membrane. Under gauze drainage and instillations of carbolated glycerin the protruding pouch shrank rapidly, and as it receded it became more certain that it was the upper portion of the drumhead. Just before its final disappearance it seemed confined to the flaccid portion, but from its size it did not seem possible to be made up merely of Shrapnell's membrane. As it receded it gradually uncovered the balance of the drumhead, which did not seem abnormal except for its congestion. For a week the pain and discharge diminished rapidly and the mastoid tenderness had practically disappeared. As the pain increased again and the tumor, now reduced to about one-half in size, began to swell again, I made another larger incision into it. As the discharge had shown staphylococci I also injected subcutaneously staphylococcus vaccine. From this time on he had no more pain and the diminution of the discharge and the shrinkage of the tumor proceeded at a constant rate.

Nevertheless the man felt sick the next day and the following night (the tenth day of observation) there occurred labyrinthine involvement. He awoke with involuntary discharge of urine, extreme dizziness and vomiting. The next day I found normal temperature, tongue slightly coated and extreme dizziness from the slightest exertion, ceasing only when absolutely quiet on his back. There was no spontaneous nystagmus. Nothing new was learned on inspecting the ear, but the hearing was much reduced. Watch not heard and very loud whisper uncertain close to the ear, but the tuning fork lateralized on the diseased side. The dizziness diminished steadily so that five days later he was able to come to the office, though still dizzy on exertion. The ear showed objectively improvement in every way and the hearing for the voice had also improved. One week after the labyrinthine attack he was able to walk alone though still slightly dizzy. The discharge had ceased. Catheterization showed an intact drumhead, and as the catheter relieved him subjectively it was continued for treatment. The pouch-like protrusion was now limited to the upper posterior part of the drumhead. Steady recovery continued, the dizziness was soon over entirely, and within one month after the onset of the labyrinthine disease the ear was subjectively and objectively normal with practically perfect hearing.

Transposition of the Viscera; Tricelian Heart.

At a recent meeting of the Royal Academy of Medicine in Ireland, A. Stokes reported the results of his dissection of a fetus which had lived for a few minutes after birth. The heart had a large single ventricle and two auricles. The left or systemic auricle had no direct communication with the common ventricle, its blood passing through a large patent foramen ovale into the right or pulmonary auricle in order to reach the ventricle. This must be an extremely rare condition. There had been a few cases recorded in which the pulmonary auricle did not communicate with the ventricle, but none, so far as Mr. Stokes could find, in which the systemic auricle did not do so. The pulmonary artery also lay behind the aorta. Professor A. H. Young lately described a case of a tricelian heart in a man aged about 37 years. In it the chambers of the heart were in their normal position, but the aorta arose in front of the pulmonary artery.—The Lancet.

A Cretin Six Months of Age.

Dr. Ward Bryant Hoag presented this patient. The labor had been difficult; not only was the delivery of the head difficult, but that of the shoulders as well. Instruments had been used. There was an interesting question as to whether the excessive traumatism of the neck and body had an influence in destroying the substance of the thyroid gland. When he first saw the child on March 28 it weighed eleven pounds and six ounces. The mother supposed that the child was a hopeless idiot and brought the baby to the hospital because of an umbilical hernia. He had coarse hair, a broad nose and a broad slit between the eyes; the mouth was characteristic of cretinism, but the tongue did not protrude from the mouth. There was the short condition of the bones. The broadened hands and shortened fingers were held in the characteristic position. The child apparently had no mentality. One-quarter of a grain of thyroid extract, which was equivalent to one and a quarter grains of the fresh gland, was given twice daily. At the end of one week the child nursed better and was warmer, although he had lost three-quarters of a pound in weight. One-quarter of a grain of thyroid extract was then administered three times a day and during the next week he gained one-half pound. There had been a slow, but gradual improvement. So far as Dr. Hoag knew this was the youngest cretin ever reported.

Dr. Godfrey R. Pisek said that the picture was so typical that there was no doubt about this case being a true cretin. At this early time of life it was difficult to make a diagnosis between a cretin and a Mongolian idiot.—Medical Record.

A Remarkable Case of Enterolithiasis.

Reported by Charles Spencer Williamson, M. D., to the Chicago Medical Society, as given in the Illinois Medical Journal.

The following specimen, for which I am indebted to Dr. Marion W. Uberroth, of Tiffin, Ohio, presents the following most remarkable history: The patient, L. E., aged 65 years, German-American farmer. Family history negative. Personal history, nothing of importance until thirty-five years ago when he was attacked by severe pain in the hypochondrium. This attack lasted for some time, and then subsided partly, leaving behind a soreness in this region which has persisted uninterruptedly ever since. Coupled with this was considerable lassitude and debility, which at times became so marked as to compel him to cease work for a few days. He has lost some weight, but not a large amount. At times would drink hard. At no time were any gastrointestinal symptoms prominent. He had no emesis, neither diarrhea nor constipation, and never jaundice.

After thirty-five years, in March of the present year, he developed typhoid at the same time with two of the remaining members of the family. The typhoid ran its ordinary course until convalescence was about to set in when he suddenly developed an uncontrollable diarrhea. After a few days of unsuccessful efforts to check the diarrhea, incontinence of feces set in with no apparent cause. At this time while endeavoring to pass a colon tube, an obstruction was met with five or six inches above the sphincter. Failing to pass the tube, the sphincter was dilated under an anesthetic and the hand introduced. A hard body the size of a duck egg could be plainly felt, but could not be dislodged. A cranioclast was then procured, and after severing the sphincter an attempt was made to crush the object. This proved unsuccessful because of its extreme hardness. With much difficulty the stone was finally grasped with the cranioclast and dragged out. In two days, with no further treatment, the incontinence and diarrhea ceased, the lacerated parts healed rapidly, the patient making an uneventful recovery. Since then the patient has been fully relieved of all the pain and tenderness which had existed for so many years in the right hypochondrium, and when last seen was doing his fall plowing.

The Specimen—A glance shows the specimen

to be an enormous enterolith of a dark brown color, egg-shaped, excessively hard and very heavy. In its largest circumference it measures eight inches, by six and three-fourths inches in its smallest circumference, weighing six ounces, seven drachms. On sawing it through, in the process of which four jeweler's saws were broken, because of the extreme hardness, the following remarkable condition was disclosed. The nucleus was formed by a plum stone in a perfect state of preservation, around which lime salts had been deposited in three distinct strata. Immediately around the stone, a layer of material resembling ordinary limestone, then a thicker layer, coarser in character, and apparently of different constitution, and a third layer outside of all of brownish color and of almost flinty hardness and density. This finding made plain an incident which occurred at the time of the delivery of the stone, when a plum stone came away with it. Undoubtedly the plum stone had been lodged with the enterolith in a sacculus of the colon, and had been liberated from its bed by the dislodgment of the enterolith.

The unusual features of the case are: 1. The fact that it had made symptoms for 35 years, from which we may infer that its formation goes back many years further. 2. The fact that at no time was any stenosis produced by it. 3. The remarkable sequence of diarrhea and incontinence, which it is fair to assume were produced by the migration of the stone from the hepatic flexure to the rectum and its impaction there, since all the symptoms ceased almost immediately after the delivery of the stone.

Ovarian Cyst in a Girl of Fourteen Years.

Reported by A. Aldridge Matthews, M. D., Spokane, Wash., in Northwest Medicine.

C. J., white, single, school girl. Entered hospital on April 28, 1906. The case was referred to me through the kindness of Dr. Abrams, of Hillyard. Patient was taken with pain in abdomen and had been vomiting persistently for the previous 36 hours before entering the hospital. When examined by Dr. Abrams, he found the abdomen very sensitive and very much distended and a large, hard tumor extending up to the umbilicus. The pain was referred to the right flank and the doctor made a diagnosis of acute appendicitis, complicated by this large tumor, the character of which was questionable. Previous history is negative.

She had been menstruating for the past eight months and had always been regular except for the last two periods which she had missed. When I saw the patient she had a pulse of 115, temperature 101 degrees, belly exquisitely sensitive and constant vomiting. After putting her to sleep I could map out very plainly a movable tumor about the size of a large canteloupe. The question as to pregnancy, of course, was raised, but upon a vaginal examination could palpate the small uterus separate and apart from the tumor. I could not come to any definite conclusion as to the character of the growth, but agreed with Dr. Abrams as regards to appendicitis.

The patient was anesthetized and the abdomen opened by an incision through the right rectus muscle. Immediately upon opening the abdomen I came down upon a large, dark blue tumor, cystic in character, about the size of a large canteloupe, which proved to be a cyst of the left ovary with a twisted pedicle, absolutely obstructing the circulation. I tapped the cyst with a trocar, evacuating a large quantity of fluid, my reason for doing this being not to make the incision through the belly wall any longer than was absolutely necessary. The pedicle was ligated and stump sewed under. The appendix was also very much inflamed and bound down tightly by adhesions. This also was removed and the abdomen closed by the layer method. The patient made an uneventful recovery, leaving the hospital on or about the fourteenth day.

Pneumonia and Pneumococcic Septicaemia in a Child Four Days Old.

Reported by R. Alexander Bates, Louisville, in the Kentucky Medical Journal, October, 1909.

The history of the case is simply this. On June 1st, a healthy male child was delivered, weighing 8½ pounds. This child performed all the functions usual to children of this age and was apparently in perfect health. On the third day, its temperature rose to 102 degrees. The mother secreted no milk and on the fourth day the child was put upon artificial nutrition, after which the temperature dropped somewhat. Up to this time, no physical examination of the child had been made, everything being apparently normal. On the fourth day at 4:30 P. M., I was called to see the child, the nurse stating that it was having a great deal of trouble in getting its breath. Artificial respiration was kept up for some little time and oxygen and adrenalin were used. After two and one-half hours, things seemed to be going along pretty well. In the meantime, physical examination revealed the presence of fluid in the pleura, and signs characteristic of pneumonic changes in the lungs, so characteristic that I pointed it out to the nurse. The child was examined in a horizontal position and then in an upright position; we could hear the fluid very distinctly; there seemed to be a very large quantity. Artificial respiration, with oxygen and adrenalin, seemed to improve the condition somewhat and, after working with it about two hours and a half, I left the child in not a very good condition. About twenty minutes after my departure, the nurse telephoned me that the child was dying, and ten minutes later, telephoned me that it was dead.

Postmortem, held by Dr. Allen, showed about two and one-half ounces of sero-purulent of fibrous material present in the pleural cavity on the left side. About a drachm of the same material was present in the pericardium. Examination later on, Dr. Allen stated, showed pneumococcus in the ductus venosus, and in other structures, as well as in the serum derived from these various places.

This was the history. About May 10th, the mother stuck a splinter from the floor into her finger. A week later, during which time she dressed a boil on her son's head, this finger had to be lanced, and a little later, another boil made its appearance on the upper part of her arm. These subsided, but two weeks after her finger was lanced, the child was born. A week before the mother's cervix dilated and she thought pains were beginning. She entered the infirmary with a normal temperature and the

record shows that she went on the table with normal temperature, pulse and respiration, but, within one hour after delivery of the child, her temperature rose to 101 degrees; pulse, 120; respiration never went above thirty during the whole period. She had the most intense after pains, and the blood, which seemed to be characteristic of the blood expelled after labor, clotted in a peculiar way. I thought these after pains were responsible for the peculiar clotting of the blood, and that they were also responsible for her temperature going up so rapidly. However, after the death of the child, the mother was given pneumococcus vaccine. Her temperature on the fifth day was 101; the next day it went to 102. About five days afterward she was given another injection of pneumococcic vaccine and, aside from stomatitis and some little abdominal distension, she made an uninterrupted recovery.

Myelogenous Leukemia With Diabetes.

From the Medical Record, March 5, 1910.

Dr. Alfred Meyer reported this case at a meeting of the N. Y. Academy of Medicine. The patient was a woman, 48 years old, who was at the menopause. She did not appear to be particularly sick, although she had been ill with diabetes for four years. She weighed 155 pounds, and did not seem to be anemic. The symptomatology of diabetes was very plain, but the other condition, myelogenous leukemia, had not been recognized before her admission to the hospital. When she was first examined at the hospital there was noted a large splenic tumor. The liver was enlarged and easily palpable. The urine contained from 1 to 2 per cent. sugar, the highest daily excretion being 44 grams. The blood count showed 75 per cent. hemaglobin, about 240,000 leucocytes, 50 per cent. polymorphonuclears, and 40 per cent. large and small lymphocytes; there were from 9 to 12 per cent. myelocytes, and the erythrocytes numbered about 4,250,000. There was tenderness over the sternum. One small hematoma was found, and some ecchymotic spots over the body. Retinal hemorrhages were found in the eye. This patient died one month after admission. Within one week of her death she was seized with hemorrhages from the bowel. She then began to run a septic temperature curve, ranging as high as 106 degrees. Dr. Meyer called attention to the work of Dr. Cabot and his careful study of leukemia which was published in Dr. Osler's book; he there stated that in his experience with sixty or seventy cases hemorrhage was a very common symptom in four-fifths of them, but that a fatal hemorrhage from the bowel in myelogenous leukemia was rare, and that even the bleeding did not appear to come from any large blood vessels, but was a general oozing. What was of particular interest in the report of this case was the relationship between the two diseases in point of time. One observer had reported three cases, two quoted from the literature and one observed by himself, in all of which the diabetes appeared first and the myelogenous leukemia later. In Dr. Meyer's case the diabetes probably antedated the leukemia, because he had evidence that the diabetes had been discovered four years previous, and very likely exceeded that period; it was exceptional for even a myelogenous leukemia to last four years. With regard to the etiology, there did not appear to be any relationship between the development of the leukemia and the diabetes; the frequency of diabetes and the variety of the complication was alone sufficient to discountenance such a view. Dr. Meyer then referred to the occasional difficulty in differentiating splenic tumors from left renal and retroperitoneal tumors, and, although this did not apply in his case, he had inflated the colon from the rectum in order to test the correctness of the view. If the tumor was a splenic one, no effect would be noticed, as proven by the case he reported; whereas if it was a renal tumor, or one starting from the retroperitoneal space, the colon could be percussed in front of the tumor. The patient died four weeks after admission, and the post-mortem revealed small hepatic abscesses, in addition to the other expected lesions. Dr. Cabot reported that three times in his experience cases of myelogenous leukemia had been mistaken for hepatic abscesses. Dr. Meyer wondered whether it was not possible that these were cases of leukemia complicated with hepatic abscesses. As to the treatment, sixteen or seventeen years ago he said that he had a patient with myelogenous leukemia, and used hypodermically freshly prepared carbolic glycerine extract of thyroid gland. The leucocytes were one in three; there were many large hematomata, and hemorrhages from the nose, rectum and uterus. His colleagues were astounded at the marvelous improvement which followed this plan of treatment, plus inhalations of nascent ozone and the rectal injections of artificial serum. However, the patient went to Tennessee, where she subsequently died. Dr. Meyer did not know whether it was the thyroid, the carbolic acid, or the glycerine that caused an improvement in her condition. Dr. Meyer said that in at least one or two cases of leukemia that had been under his charge, the X-ray had been used with marvelous results in reducing the size of the spleen, but at the same time the patient's downward course appeared accelerated. He did not look upon the spleen as being the primary source of the trouble. He thought that possibly the rapid reduction in the size of the spleen caused the absorption of the products of decomposition, and injured the patient. The condition might be a species of toxemia. The X-ray, if at all used, might more safely be used in small doses and at long intervals. The extra precaution would be additionally justified when there was a coexisting diabetes.

Decapsulation of Both Kidneys for Acute Nephritis Following Scarlet Fever.

Reported by G. F. Harding, M. D., Salt Lake City, in the A. M. A. Journal.

History—A boy, aged 12, had an ordinary case of scarlet fever, with only a moderately high temperature and well-defined rash; was out of bed on the tenth day, feeling well and showing no signs of any complications. Urinalysis, made on the fifteenth day, showed no trace of albumin or sugar; specific gravity of 1023. Twenty days after the onset of the fever the boy was taken with severe vomiting; twelve hours later he had a hard convulsion, and passed a small amount of bloody urine heavily loaded with albumin. The boy was put in hot packs with hot linseed poultices over the kidneys, pilo-

carpin and digitalin given hypodermatically. This treatment was followed four successive days with no apparent benefit. On the morning of the fifth day there was complete loss of vision and hearing, and a few hours later the patient lapsed into unconsciousness, with complete suppression of urine.

Operation—Drs. Middleton, Allen and Calderwood were called into consultation on the case, and it was decided to do a Diebold operation on both kidneys. The boy was removed to the Latter Day Saints' Hospital the next morning, and under ether anesthesia both kidneys were decapsulated at the same time. They were found to be as large as an adult's kidneys, very tense and congested. On removal of the capsule the blood fairly boiled from the kidney surface, showing the very high pressure it was under.

Postoperative History—The first twenty-four hours after operation the apparently functionless kidneys secreted twenty-four ounces of urine. On the third day sight and hearing began to return, and at the end of the first week both were normal. The boy left the hospital on the eighteenth day, able to walk, and feeling normal in every way.

Two Cases of Myxemeda.

Reported by M. W. Dvorak, M. D., of La Crosse, Wis., in the Wisconsin Med. Jour.

Mrs. M. L. aet 53, was admitted to St. Francis Hospital, September 14, 1896. She complains of weakness, unsteadiness and awkwardness of gait, clumsiness and numbness, cold feelings in legs, noises in the head and dizziness.

History—In November, 1895, she was told that her face was swollen. She felt, about this time, some irritation of the eyes. Shortly after this some stiffness in the muscles, especially those of the arms, and her skin felt hide-bound. In April, 1896, she and others noticed that her speech was slow and thick. These symptoms gradually increased until the date of her admission. She is a native of Ireland, and has lived in Iowa since she was 14. She married at 21 and has had twelve children. All but the second, third and seventh died at birth, or very shortly after. The third and seventh are still living. The second died at 30 of pleurisy. She had malaria for 14 weeks at 14 years.

Examination—The patient is a medium-sized woman; general nutrition is good; and she is able to be up and about. The facial expression is dull and sleepy. She talks intelligently, but her speech seems to require considerable effort and is slow and thick, the voice being drawling, husky and somewhat nasal in character. One's impressions on first seeing her is that the entire body is edematous, and that pitting is easily produced; but on palpation the skin is dry, and instead of pitting one meets a somewhat firm, elastic resistance in the tissues beneath the thin parchment-like skin. The skin looks scaly though there is no actual scaling. The hair on the head is sparse and dry and brittle. There are no clinical evidences of disorders of the functions of the organs. She was then given five grain Thyroid tablet t.i.d. Later these were reduced to two and still later to one daily. This she has continued taking ever since.

In October, 1908, she returned again because she had not felt well for some time. She complained of being tired and at times would find that she could not remember well events as these occurred, even though very recent. Also complains of numbness of the fingers and coldness of the hands and feet, and has some difficulty in walking. She has taken the thyroid tablets almost constantly since her first visit, and has been so well in the last year that she would skip from several days to a week. But whenever she did so she found that she would not be as well as when she would persist in taking them regularly.

Examination shows a short, very stout woman. Her face lacks expression, but her speech is about normal. Skin of face is dry, but not scaly nor putty-like to touch. The same is true of the skin of the rest of the body; no bundles of tissue occurring underneath the clavicles nor on the abdomen. Legs appear edematous but do not pit on pressure and give a putty-like sensation to the examining hands. Are scaly in appearance. The skin is dry. Following this visit she took ten grains Thyroid daily for a month, after which the dose was reduced to 5 grains and at the last report she is feeling much improved.

Case 2.—Mrs. F. D. aet 32, Bancroft, Ia. Admitted June 3, 1904. Family history good.

Personal History—Has been in good general health until her present trouble. Menstruation commenced at 12 and was always regular until her marriage. Had a miscarriage at 23; at 24 gave birth to a full-term child; had a second miscarriage at 25. Since then four children were born and all are in fair health. Last child is a year old; after the birth of this child she did not menstruate for nine months; then when flow did commence, it came on three times in as many weeks and was always very profuse, lasting six days. This was accompanied by pain. For the last eight years she has had pain on defecation and at times some bleeding. She also complains of a sharp shooting pain in left side of chest, and this has made her afraid of heart trouble. She tires easily, has palpitation often and is dyspneic on the least exertion. She says that her friends have told her that her face is bloated, and she has herself noticed this to be true. Her hair has been falling out very rapidly in the last year and a half. She is also duller mentally now than formerly and although she speaks quite readily and always intelligently this seems to require some effort. She has had pruritus vulvae for the last year.

Examination—Woman rather stout, and in good color. The impression one has at first is that her face is slightly bloated. Expression perhaps a little dull and sleepy. There is also an apparent swelling of her hands and forearms. Hair is dry and brittle, and rather scanty. Skin of face is dry and gives impression of thickness, but no edema is present. This is also true of the skin of arms, forearms, thighs and legs. There are small bundles of tissue under clavicles, and on abdomen which are resistant to examining hands. Thyroid gland cannot be felt. Heart and lungs are normal, also the kidneys. She has a badly lacerated perineum and hemorrhoids.

She was curetted, had a perineorrhaphy done, and hemorrhoids removed, and was put on ten grains thyroid extract daily. This she has continued, lessening the dose to five grains daily after a month; and at the last report about a

year ago, she remains better than she has been for the two years preceding her entrance. She is able to do her work more easily and cheerfully. But she says that she must keep up the thyroid all the time; if she stops this for a couple of weeks she at once notices a change toward her old condition.

The County Societies.

County and Local Medical Societies.

Extracts from the address of Dr. S. Z. Peoples, President of the Sonoma County (Cal.) Medical Society.

After briefly reviewing the history and work of the society, he expressed himself briefly as follows:

That if our society accomplished nothing more than getting its members better acquainted, it would serve a useful purpose. That we expect and hope to have at each meeting in the current year some live practical subject for consideration and clinical material whenever possible and that the entire membership shall freely enter into the discussion. That our county fee bill should be supported at least as to a minimum charge, and that our bills when presented bear not less than this minimum charge. That every eligible physician in the county should be induced to join the society.

"I wish to advocate here what has been suggested before but never put into action, the organization of the physicians of each community into a local society. Their sphere of action to be, to fix distance fees to certain well-known landmarks, deal with questions arising with the local pharmacists, matters of sanitation, public health, etc. I wish to remind you right here, of our duty in reporting contagious diseases and births to the proper authorities. We should not allow ourselves to be reminded of these duties by arrests made for neglecting them. Let us endeavor to eliminate 'deadbeats' as much as possible from our service, compiling a 'blacklist' if necessary."

That we consider the attitude of local pharmacists toward the profession, and possibly meet with them for the consideration of matters of mutual interest and probably send a circular letter to all the druggists of the county defining our attitude in our relations with them.

"Let us devote more attention to the commercial end of our business."

"Stand together for mutual protection and advancement of the profession and keep in mind that a kind act or a kind word for a brother practitioner will profit you more than unfair criticism and disparagement of another."

Extracts from a paper read by Dr. Tinsley Brown at the meeting of the Missouri Society of Secretaries.

Organization means progress. Formerly the doctors of the same county were unacquainted with each other and the State at large was a foreign country. Instead of being interested about medical societies and organized efforts to better his own knowledge, he staid at home and spent his time in abusing his competitor, who, in his eye, was a thief and a vagabond. Many did not know the advantage afforded by frequent association with other doctors, but staid at home to secure business while his neighbor was away at the medical association, or was afraid that he might lose some of his patrons that he had secured in this manner. To such a doctor our association means nothing, and the profession means nothing to him but the money that he might secure. He was in a rut and will stay there. Such a one is apt to imagine that his medical education was finished at graduation, but the fact is he grows smaller as years pass and is, like the bird, larger in youth than in old age. * * *. The physician who does not mingle with other members of his profession by attending his county society and State association becomes circumscribed in his habits, is not up with the times, and thinks the whole world's knowledge is within himself. It should mean much to the doctor who is in good standing in his State association, in both a social and business way. No first-class insurance company cares to have a doctor make examinations who is not an associate member. No railroad should want a surgeon who could not be made better by being an active medical society member. It is also a mark of respect, when away from home, to be able to show that you are an association member * * *.

While scientific work is one of the main objects of our organization, there is another that is hardly secondary to this, and that is to promote friendship and good-will among the members. Blackmailing, strife and envy should be banished without the walls of our association. The best of doctors are liable at any time to be victims of blackmailing lawsuits, from the ill-advice of one of the profession who has not the good of his fellow-physician at heart, and who is an injury to his calling. The large acquaintance that a doctor makes, by membership and attendance of our association is worth more than can be calculated in dollars and cents. I would regret exceedingly to be deprived of the friends that I have gained by my long membership in our association. I only wish that I could do more than I have in furthering the good-will and friendship of my chosen profession. Many that I have met here and elsewhere, have passed over the silent river, from whence no traveler returns, but their fond memories remain with us. O memory! if it was not for thee, how sad this life would be.

Our association means much to the honest, painstaking doctor who can see something beyond the mere matter of money, and is always trying to be better prepared to relieve pain and cure the sick. It means much to the physician who can leave his professional duties long enough to attend this association, in order to be able to do better work in his county society. He is sure to be made broad-minded and can then, in many instances, see his own faults as well as those of others.

Booster Committees and Secretaries' Conferences.

In a recent article in the Wisconsin Medical Journal, Dr. Sleyster says:

"I publish below a list of new applications I have secured to their County and State Societies. This makes a total of 106 sent in—79 since January 1st. The slogan '2,000 for 1910' is decidedly a reasonable possibility. I appeal again to the county secretaries to organize

local booster committees, discuss their territory and lay definite plans to get the application of every deservable practitioner not a member. Enthuse the 'get together' spirit. Gain a full membership and note the change in local conditions. Do it now! The New Gospel: 'Co-operate, not compete—Get together.' "

Dr. C. S. Cope, secretary, Ionia, Mich., says: "The banquet and smoker has broken down all barriers of 'ism' and 'pathy,' and we are content to meet as doctors only, and not as the only doctors. We follow the teachings of Ruskin when he says: 'When we allow our minds to dwell upon the points in which we differ from other people, we are wrong and in the power of the adversary—that is the essence of the Pharisee's prayer, "Lord, I thank thee that I am not as other men are." * * * Push together. You can't quarrel in a side to side push. * * * The Ionia County Medical Society has decreed perpetual amity. The 'Homeo' or 'Eclectic' is as welcome to stretch his legs under our mahogany, partake of our banquets, and smoke our cigars, as is the most 'dyed in the wool' regular; and he is not loath to come, but is found at all our meetings, and we have made the discovery that he is as wise, and as witty as the best; that he is a lovable and companionable man, a royal good fellow; we like him and he likes us and so we grow, having good times among ourselves and finding approval among all the people."

One good paper, well discussed, and followed by an hour or more of social intercourse, is worth many long drawn out efforts that are not worth while.

They who live by the hammer shall die by it. The man who knocks on the institution of which he is a part, on the profession of which he is a member, or on a fellow worker in a great work, is standing on a chute lubricating his own slide.

We are arranging a program and preparing for the first annual meeting and organization of the Conference of County Secretaries, to be held at Milwaukee, at the time of the meeting of the State Medical Society. These conferences are undoubtedly of much interest and benefit to the secretaries who attend, and in the end, through the ideas and inspiration which they receive at the meeting, the benefit will revert directly to the societies with which they are connected.

The secretary is really the executive officer of the society, in a large measure, since the president serves but one year, and the secretary is continued for a number of years, and naturally has the work of the society in hand, or is the chief adviser. The more efficient he becomes, the more thoroughly his work will be done. The help which the secretary receives will accrue in a social, fraternal, and financial way to the welfare of the society by the advantage which the secretary gains by meeting his fellow secretaries and learning other methods and manner of "doing things" in society work. The importance of these meetings is being recognized in many other States.

Every society, if at all possible, should have its secretary attend the meeting this year. If need be, pay the railroad fare each way. It will prove a good investment. We wish to appeal to the officers and members of each county society to see that their secretary attend. Bring it up at your next meeting and arrange that he be in Milwaukee next June. You will reap the reward.

The Booster Religion: To work and laugh—to see faults dimly—to hear tales deafly. To believe in your Brother and if he err, reform, not defame him.

Some of the Duties of County Secretaries.

By W. J. Burdell, M. D., Lugoff, S. C., in the Journal of the South Carolina Medical Association, February, 1910.

In writing of the duties of county secretaries, one is also writing of the duties of members of the county societies, for aside from the clerical work of the office of secretary, the members of the society should work with the secretary and assist him. It is not so very often that this is the case, however, I fear. It is of those duties, or rather a few of those duties, in which the whole membership should take part, that I shall try to write.

First—The county secretary should keep in touch with the State secretary, and through him with the national secretary, and he should bring up for discussion in his society those matters that are suggested for discussion or action by the national body. For instance, how many of our county societies have held open meetings as suggested by the Bureau of Legislation of the A. M. A.?

The county secretary should endeavor to keep himself posted as to matters of a legislative nature that are pending, and should bring such matters before his society in time to have the society invite the legislative delegation from his county to meet with the society and hear the discussion of these matters from the doctors' standpoint.

The profession in this State and the general assembly, do not seem to be able to get together, and there seems almost that there is antagonism. The principal cause of this is that the medical profession usually waits until the Assembly is in session to advocate any measure that it wishes enacted, and then it begins to work. Let the profession decide upon what it wishes at the annual meeting, and then let each secretary go home determined to bring these matters up in his society and have the legislative delegation present to hear the discussion. Legislators go to Columbia as a rule, with a program made up, and they have no time to study new matters while in Columbia. Let each county work its own delegation and we will get results.

Second—Brother secretaries, what are we doing in the fight against tuberculosis? Why do not we work with the man appointed in each county by the State Association and whoop up the fight against tuberculosis? How many counties are there that have done anything in this matter? Let us get busy. We should be having at least one public meeting for the purpose each year.

Third—Can not each secretary arrange a meeting once each year, to which the public is invited, at which meeting there can be a discussion of the means of preventing the spread of the transmissible diseases other than tuberculosis, and also a few remarks concerning faulty vision, adenoids, and defective hearing?

Call such a meeting, and assign a topic for each member of your society, or if you have a large membership, assign essayist and let the others join in the discussion. I very much fear that the average physician in South Carolina does not measure up to the same standard in measures prophylactic, that he does in diagnostic and remedial measures. Surely there can be no doubt that prophylaxis is as important as cure. These public meetings would act as a spur to many of us.

Fourth—Can not we have a meeting of our societies in which the venereal peril can be discussed? So far as I know this matter has been discussed by Dr. Guerry in his able address at Anderson, by Dr. Whaley in his committee report in Summerville, and I think that two county societies have discussed it, and two papers on the subject were read at the meeting of Fourth District Society at Easley. To the student of statistics, the black plague assumes an importance barely second to the white plague. Hookworms and pellagra are scourges and I would never say let up in our fight against them, but they are minor matters when we consider the venereal diseases.

In the past, and not so very distant past at that, the doctor was very secretive concerning his peculiar knowledge. Then came the period when secrecy among ourselves was unethical, but not so much so as it was to the laity what we knew. The time is here when we must make public our knowledge as to the prevention of disease. The time has come when the doctor must be a teacher indeed. Public discussions of public health matters in an ethical manner is the line toward which we must turn. Surely there is no one in a better position to start this campaign than the county secretaries.

Real Objects of the County Society.

Extracts from an editorial in the Journal of the Kansas Medical Society.

Anyone who studies the situation seriously cannot have failed to note that there is a widespread apathy and indifference to the organized interests of our profession manifested in the county societies. The individual members have, too many of them, become self-centered, disinterested in the common good of the professional body politic, and only willing to identify themselves with aggregations of their fellows when there is prospect of an immediate dividend on the invested energy. * * *

The real object of a medical society, if we may be permitted to state it, should be, not only to furnish a clinic or post-graduate course, or to enable a member to air his views on medical topics, but also, and rather, to take the semblance of a trade union or guild. We ought to do something to help ourselves in the administration of our offices to the community. We ought to take steps to impress people that we value our services, instead of continuing to allow people and city and nation to use us gratuitously and with derision, while they are at the same time holding the very name of our calling as a synonym for all that is inconsistent and inconstant.

If we only presented a united front on matters that so closely touch our professional interests, we could bring all the things to pass that we surely desire, if we are good citizens and true physicians. We ought to feel that we owe something to each other, and that it is selfish to stand apart, indifferent to the general good of the profession. Something should be sacrificed, if need be, to lend our personal presence and support to our local society. Men who can find time to go away for professional fellowship should not hold themselves too much aloof from that which offers itself at home. Sometimes unsuspected virtues are found in those who have been regarded as inhospitable and full of faults. Doubtless, if we would only come into close contact with our fellows, a strong current of sympathy would be made to flow through the completed circuit, and a new energy would inspire us all to a higher regard for each other and for our noble calling.

The petty bickerings and animosities that have so long characterized our profession would thus be dissipated, and we would become a "united band of friends and brothers, among whom no contention should ever exist, but that noble contention, or rather emulation, of who best can work and best agree."

The Publication of a Bulletin by the Medical Society.

Dr. Henry G. Langworthy, of Dubuque, Iowa, in an article on this subject in the A. M. A. Journal, March 12, 1910 (see page 899), says:

"There can be little question that every county medical society with a membership of forty-five or more would be greatly benefited by having some form of a regularly printed quarterly or monthly bulletin. The several reasons for the advocacy of such a plan are as follows:

"1. The work, while naturally devolving on the society secretary, is not at all burdensome. A four-page bulletin (program and bulletin) would be sufficient.

"2. The expense will be little more than publishing the average society program.

"3. Interest in society work is apt to be increased in direct ratio as members are kept in touch with their own community.

"4. The bulletin plan is probably the most practical way I know of raising the medical standards of a county.

"5. I can attest that this method is successful, having followed it since December, 1907, as secretary of the Dubuque County Medical Society at Dubuque, Iowa.

"The bulletin becomes at once the official program and bulletin of the society and as such is an index of the practice of medicine in the locality. It serves the double purpose of stimulating society life as well as issuing a warning against possible evil doers and certain unethical practices."

Medical mathematics: The treatment of chronic disease represents a majority of medical practice. To this subject leading text-books devote approximately 1/80 of their total discussion, leading (so rated) medical journals 1/400, other journals 1/100, medical colleges 1/500, and prominent medical societies less than any. Again I repeat, for what are we practicing medicine?

Reports from County Societies.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The May meeting of the Bergen County Medical Society was held at the Lederle Farm, Nanuet, N. J., May 10th, 1910. The president, Dr. James W. Proctor, occupied the chair, with 40 members present.

An able address was delivered by Dr. Richard Slee, Director of the Lederle Vaccine Laboratories at Nanuet, on "The Preparation and Use of Vaccine Virus."

The regular order of business being disposed of, the members were invited to inspect the farm. Demonstrations were given of the collection and preparation of vaccine virus and diphtheria antitoxin, after which we enjoyed an elaborate feast.

After our royal entertainment by the Lederle people I would advise other County Societies to "get there next."

I am enclosing a letter from Dr. Richard Slee, which will explain itself. Also the paper which I requested him to prepare.

I trust you will find space in our valuable Journal to include this paper under Bergen County news.

(This paper will be given in the July issue of the Journal.—Editor.)

BURLINGTON COUNTY.

George T. Tracy, M. D., Secretary.

The regular quarterly meeting of the Burlington County Medical Society was held at the Metropolitan Inn, Burlington, N. J., on Wednesday, April 13th, 1910, at 1:30 P. M. The president, J. Boone Wintersteen, presiding.

The application for membership of Dr. Walter Roberts was presented and referred to the Board of Censors

The Secretary was instructed to notify the New Jersey representatives at Washington that this Society endorses the bill before the U. S. Senate, which provides for the establishment of a National Department of Health.

A committee was appointed to confer with the Board of Freeholders with reference to raising the fee from $3.00 to $5.00 for the commitment of the indigent insane.

Resolutions were adopted endorsing the action of the Committee on Legislation of the State Society during the recent session of the Legislature; also expressing our entire confidence in the integrity of Dr. L. M. Halsey, but disapproving the attitude of Governor Fort toward the medical men of the State, with special reference to his undignified and unjust attack upon Dr. Halsey at a hearing on Assembly Bill, No. 156.

Dr. Joseph Stokes, chairman of the Section on Practice of Medicine, announced the following program:

Symposium on the Eruptive Fevers: "Scarlatina" by Dr. A. L. Gordon; "Varicella," by Dr. W. P. Melcher; "German Measles," by Dr. Joseph Stokes; "Quarantine and its Relation to the Eruptive Fevers," by Dr. Alexander Marcy, Jr.

The Society adjourned to dinner. After dinner final adjournment wes made to meet at Cole's Hotel, Wednesday, June 8th, at 1 P. M.

CAMDEN COUNTY.

H. H. Sherk, M. D., Reporter.

The annual meeting of the Camden County Medical Society was held on Tuesday, April 26th, at the Dispensary building, Camden. The meeting was called to order by the president, Dr. William B. Jennings. There was a very large attendance of members and a number of visiting physicians from adjoining counties were also present. Dr. W. J. Chandler, the secretary of the State Society, graced the meeting with his presence and in an after-dinner speech gave some wholesome advice.

The following resolutions, introduced by Dr. H. H. Davis, chairman of the Legislative Committee, were read and unanimously adopted:

Resolved, That the Camden County Medical Society indorses the action of the Legislative Committee appointed by the Medical Society of New Jersey, in their work regarding the bill introduced by Dr. Ramsay, known as Assembly bill No. 156, to regulate medical practice in the State; also that we express our high regard for the members of the Senate and Assembly, who almost unanimously favored the said bill.

Resolved, Further, that the insults offered to Dr. L. M. Halsey, Dr. W. G. Schauffler and Dr. W. E. Ramsay were unjustified and undignified, when at a hearing held April 1st, 1910, before His Excellency, Governor John Franklin Fort, the medical profession of this State received at his hands the most despicable treatment, in fact of such a character that a common magistrate's court would be made to blush.

Dr. W. H. Kelchner then made some very caustic remarks in which he severely arraigned the attitude of the Governor. A resolution, introduced by Dr. William H. Iszard, was adopted, relating to bill No. 6049, introduced in the United States Senate by Senator Robert C. Owen, of Oklahoma, providing for a Department of Public Health and other purposes.

Dr. H. F. Palm then read a paper entitled "The Burning Question." The doctor paid his respects, in a decided manner, to the so-called contract doctors or lodge physicians. These he classified as illegitimates. His paper created quite a sensation and, by a unanimous vote of the society, he was requested to allow it to be published in the State Journal.

The following officers were elected to serve during the ensuing year:

President, Dr. Joseph S. Baer; vice-president, Dr. A. Haines Lippincott; secretary, Dr. Daniel Strock; assistant secretary, Dr. Alex. Scanlon Ross; treasurer, Dr. William H. Pratt; reporter, Dr. H. H. Sherk; historian, Dr. Alfred Cramer, Jr.; censor, 1915, Dr. Joseph L. Nicholson; trustee, 1913, Dr. E. L. B. Godfrey.

Committee on Scientific and Literary Work—Drs. Paul H. Markley, Alex. McAlister and J. Watson Martindale.

Committee on Legislation—Drs. Orris W. Saunders, Grant E. Kirk and Marcus K. Mines.

Committee of Arrangements—Drs. Paul M. Mecray, Albert B. Davis and Roland I. Haines.

Delegates to the State Society—Drs. William A. Wescott, W. I. Kelchner and John K. Bennett.

The following delegates to county medical societies were elected:

To the Gloucester County Medical Society—Drs. Howard F. Palm, Emma M. Richardson and William C. Raughley.

To the Burlington County Society—Drs. Sylvan G. Bushey, Adrienette L. LeFevre and William W. Kain.

To the Salem County Society—Drs. E. G. Hummel, W. H. Kensinger and Thomas B. Lee.

To the Cumberland County Medical Society—Drs. F. W. Marcy, Jennie E. Sharp and Alfred L. Elwell.

Nominating Committee—Drs. William H. Iszard, William A. Davis and William A. Wescott.

The following were elected active members of the society:

Dr. David S. Rhone, of Camden; Dr. Lida Taylor Allen, of Collingswood; Dr. Carroll H. Francis, of Camden.

The president, Dr. Jennings, then read his address on "Medical Inspectors in Public Schools." The address was well received and a copy will be submitted to the Journal for publication.

CUMBERLAND COUNTY.

(From the Bridgeton News)

The annual meeting of the Cumberland County Medical Society was held at the City Hotel, this city, yesterday.

Dr. C. W. Wilson presided. Dr. D. V. Holmes, of Philadelphia, read a paper on "Diphtheria," and Dr. J. H. Moore a paper on the use of "Benzoate of Soda as a Food Preservative," both of which were discussed.

A resolution was passed urging the formation of a National Health Department at Washington, in accordance with a request from the American Medical Association, and the Secretary was instructed to write to Congressman Gardner and to the United States Senators from this State, asking the use of their influence for the measure. Resolutions thanking Senator Minch and Assemblyman McAlister for their efforts in the Legislature for medical legislation were passed.

The officers elected were as follows: Dr. Alfred Cornwell, president; Dr. Joseph Tomlinson, treasurer; Dr. C. W. Wilson, of Vineland, secretary, and Dr. J. H. Moore, reporter.

An excellent dinner was served by Mine Host Paullin.

The Cumberland County Medical Society is at work for a safe and sane Fourth of July. The society has addressed a letter to each of the Mayors of the cities and boroughs of the county, urging them to prohibit the indiscriminate sale of fireworks, and the firing of them in public places.

The society points out that in the seven greatest battles of the civil war the fatalities were 11,000, while the number killed during the past seven July Fourths aggregated 34,000 in the United States.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society met on Monday, May 9th, in Newark.

(The account of this meeting has been sent to you by Dr. Hunt, secretary.)

The twenty-eighth annual meeting of the Society for Relief of Widows and Orphans of Medical Men of New Jersey was held in Newark on May 11th. A full account of the reports made and business transacted, including the election of officers, has been made by the secretary, who will forward it to you.

The following account of the meeting of the Essex County Pathological and Anatomical Society is kindly written by Dr. H. S. Martland.

Essex Co. Pathological and Anatomical Society.

The regular meeting of the Essex County Pathological and Anatomical Society was held at 842 Broad street, Newark, on Thursday evening, May 12th, 1910.

Dr. A. S. Hardin presented a case of multiple enchondromata, occurring in a boy 19 years of age. The largest growth consisted of a hard cartilaginous mass, the size of an adult head, slightly pedunculated and springing from the right scapula; this mass was in no place necrotic. Upward movements of the right arm were accomplished with difficulty. Other small growths of a similar character were found on the fingers. The boy's general health was good; the duration of the disease extended over a period of a few years. A clinical diagnosis of multiple enchondromata was made. In the discussion the question of operation was considered; the main danger of the large growth seemed to be in its breaking down, and the consequent danger of sepsis, which in all cartilage tumors is very great.

Dr. Wells P. Eagleton presented two epitheliomata of the larynx; both specimens were removed at autopsy. The first was an epithelioma of the spino-cellular type which involved the first portion of the esophagus and invaded the larynx at the level of the vocal cords; the growth was just discernible through laryngoscopic examination. The patient died after a tracheotomy was done for relief of obstructed breathing. The second case was of a similar nature, but lower, it also invaded the larynx below the vocal cords, and the growth was not seen in the clinical examination. Both cases died from sudden suffocation, presenting positive signs of asphyxia at autopsy.

Dr. E. Zeh Hawkes presented a specimen of spindle cell sarcoma of an ovary removed by him. The specimen consisted of a tumor of the right ovary about seven inches in diameter, solid, and appearing on section very like the ordinary uterine fibromyoma. It was removed from a woman aged 26 years, who had had one child. Three months before the operation the woman noticed a mass in lower abdomen the size of an egg, which grew rapidly up to the time of operation; no other symptoms present. At operation a greenish yellow ascitic fluid was present, and the mass above described. A complete hysterectomy was done, the other ovary grossly was not involved.

In the discussion, Dr. H. S. Martland presented a very large fibro-sarcoma of the ovary, which was removed by Dr. Paul. He thought Dr. Hawkes had acted very wisely in doing a complete hysterectomy in his case, as these unusual growths, when accompanied by ascites, were particularly apt to become sooner or later bilateral.

Drs. H. B. Epstein and Clarence O'Crowley presented two kidney specimens. The first was a pyonephrosis due to blockage of the pelvis of the kidney by a large calculus. There was some discussion as to whether or not the kidney was tuberculous, as tubercle bacilli were found in the urine coming from this kidney. Histo-

logic examination, however, failed to reveal typical tuberculous tissue. The second kidney was removed for essential hæmaturia, the woman passing considerable blood for over one year. Gross and microscopic examination had revealed a normal kidney from the pathologist's view. The hæmaturia had entirely disappeared after removal of the kidney. No angiomata of the pyramids or pelvis could be found.

Dr. Martland presented several specimens from the pathologic laboratory of the City Hospital. These included an aneurism of the arch of the aorta and a very large internal capsule hæmorrhage.

The next monthly meeting of the society will be held in October, 1910.

ESSEX COUNTY.

Reported by Ralph H. Hunt, M. D., Secretary.

A meeting of the Essex County Medical Society was held in the Free Public Library, Newark, May 9th, 1910, with large attendance. James Taylor Lewis, Esq., of New York City, and Assemblyman William E. Ramsay, M. D., of Perth Amboy, addressed the meeting. They discussed the recent attempts at medical legislation in New Jersey, and especially in reference to the Medical Practice Bill. Both of them criticized the Governor unsparingly for his lack of fairness and for his marked discourtesy to the profession through our representative, Dr. L. M. Halsey.

The following resolution was, after discussion, unanimously adopted and copies were ordered to be sent to Governor Fort, Dr. Halsey, the Journal of the State Society and to the press:

"We, the members of the Essex County Medical Society, having furnished to the Medical Society of New Jersey the basis on which Assembly bill No. 156 was framed, and consequently knowing that it was drawn primarily for the protection of the people of this State against incompetent practitioners of every school of practice, and while requiring a high educational standard from all persons of every school entrusted with the care of the sick, yet expressly aimed to treat fairly such osteopaths as are at present engaged in the practice of their profession in this State: therefore,, be it

"Resolved, That we protest against the action of J. Franklin Fort, Governor of New Jersey, in vetoing the bill, and place on him the responsibiltiy of this State's failure to require reasonable educational qualifications of those now practising or who may hereafter begin to practise osteopathy in this State; furthermore, be it

"Resolved, That we individually and collectively protest against the insult offered to the whole medical profession by the Governor at the public hearing over which he presided in his official capacity as the chosen Executive of the people, by the unjust and personal attack upon the integrity of the chief representative of the Medical Society of the State of New Jersey, Dr. L. M. Halsey. Furthermore, be it

"Resolved, That we express our entire confidence in the integrity of Dr. L. M. Halsey and our appreciation of his labors for the public in the passage through both houses of the Legislature of Assembly bill No. 156."

It was voted that the expenses of the secretary to the annual meeting of the State Society at Atlantic City be paid by this society.

The amendment proposed by Dr. Senseman at the last annual meeting of the State Society concerning the Nominating Committee was then taken up for consideration. After discussion, the following resolution was offered:

"That our annual delegates to the Medical Society of New Jersey be instructed to support such alteration in the by-laws of the State Society as will give a more equitable representation to the county societies in the Nominating Committee of the State Society."

An amendment was offered and adopted, adding the words, "We do not approve of the amendment offered by Dr. Senseman." As thus amended the original resolution was unanimously adopted.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, May 17, 1910. There was an unusually large attendance of members and visiting delegates.

Dr. J. T. Rugh, of Philadelphia, read a very interesting and practical paper on Pott's Disease,, which was ably discussed by Dr. J. G. Edwards, of Williamstown.

Dr. C. S. Heritage, of Glassboro, who has recently undergone an operation for appendicitis in the German Hospital, expressed his regret at not being able to be present.

On motion the secretary was directed to extend to Dr. Heritage the sympathy of the society and the hope for his speedy convalescence.

On motion a committee was appointed to draft resolutions of confidence in Dr. L. M. Halsey, chairman of the Committee on Legislation, and of appreciation of his earnest work in behalf of higher medical education, and of censure of Governor Fort for his recent uncalled-for attack upon Dr. Halsey. The president appointed Drs. Stout, Reading and Wilson to serve on that committee.

After adjournment the society entertained at dinner Dr. J. T. Rugh, Philadelphia; Dr. B. A. Waddington, president of the Medical Society of New Jersey; Drs. Richardson, Strack, Iszard and Palm, of Camden, and Dr. L. D. Ladowe, of New York City.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

Report of the annual meeting of the Hudson County Medical Society, held May 12th, 1910.

This meeting was held at the Jersey City Club, Jersey City, and was followed by an annual dinner, with the new president, Arthur P. Hasking, M. D., in the chair; he was elected at the last regular meeting. The other officers elected are as follows:

Vice-president, Dr. John A. Chard; secretary, Dr. Frank F. Bowyer; treasurer, Dr. Henry H. Brinkerhoff; reporter, Dr. Joseph Koppel.

At this meeting the following amendments of the by-laws were adopted:

Hereafter the Hudson County Medical Society should meet monthly from October to May, inclusive, at the Jersey City Library; also that the secretary of the Society be exempt from dues during his term of office.

The following resolutions were adopted:

"Resolved, That the medical profession of the County of Hudson, by its combined society, representing a body of several hundred physicians, does hereby unanimously commend the action of our State Legislature in its passage of Assembly bill No. 156, regulating the practice of medicine in this State, and be it further

"Resolved, That Assemblyman Ramsay, of Middlesex County, by the introduction of said bill and its support, as well as the legislators of Hudson County by their co-operation, have earned the gratitude and thanks of this society, and be it further

"Resolved, That the profession of this county are under deep obligations to Dr. Halsey, chairman of the State Legislative Committee, for his untiring exertions.

"We hereby assure him of our trust in his integrity and greatly deplore the circumstances which make these resolutions a necessity, and be it further

"Resolved, That his Excellency the Governor of New Jersey has by his action in vetoing the said bill not only failed to keep his ante-election promises, but displayed an unfortunate and unjust discrimination which will redound to the discredit of his high office."

The following new members were elected:

Drs. Wm. S. Branner, Hoboken; John Connell, Jersey City; Archibald B. Chappels, Jersey City; William A. Durrie, Jersey City; A. E. Fendrich, Weehawken; Richard Hirsch, Jersey City; Theodore H. Lemmerz, Jersey City; Hilliard L. Lockwood, Jersey City; Chas. H. Mersheimer, Jersey City; Thomas J. McGeary, Jersey City; E. J. G. Valentine, Jersey City; John Willis, Jersey City.

The meeting adjourned and was followed by a dinner, which was well attended and arranged by the committee, of which Dr. Frank D. Gray was chairman. A number of the Hudson County members of the Legislature were present, also N. Ely, editor of the Hudson County Observer, and Rev. Dr. G. S. Bennett, as invited guests and speakers.

Dr. W. E. Ramsay, Assemblyman from Middlesex County, was the first speaker of the evening, and was received with great enthusiasm, and was frequently interrupted by cheering and applause. He reviewed the work done by our Legislature in connection with the medical bills during the last session, and urged the physicians to take more active interest in politics.

The text of his speech I shall forward to you for your next issue of the Journal. He was followed by N. Ely, editor of the Hudson County Observer, who was a warm friend and supporter of the physicians in their efforts to protect the public from imposters and unqualified practitioners. He was followed by Rev. Dr. Bennett, rector of Grace Episcopal Church, and several members of the Legislature, who spoke in high terms of the medical profession and their efforts to protect public health.

From the Observer, of Hudson County, May 13, 1910.

Governor Fort got his clouting for vetoing the Ramsay medical bill from the Hudson County Medical Society, at its annual dinner in the Jersey City Club's banquet hall last night.

Members of the medical societies in most of the other counties of the State have taken similar action, and so, while they were about it, the Hudson physicians roasted and toasted His Excellency very nicely.

Assemblyman William E. Ramsay, of Middlesex, who is a physician, was present and was the star speaker of the evening. The entire Hudson legislative delegation, who voted against the osteopaths' amendments and for the Ramsay bill were invited, but only Assemblymen Peter H. James, Charles P. Olwell and James H. Christie were present.

Dr. Arthur P. Hasking, assistant county physician, was the toastmaster, and he called upon Dr. Ramsay about 10:30 o'clock The doctor at once launched into the story of the great fight at Trenton last winter, when he battled to get the bill regulating the practice of osteopathy in New Jersey through the two houses. He said the bill had its friends and its foes and in addition to this it had what he termed "Fort family opposition." He later expatiated at some length on this point.

Dr. Ramsay scored the Governor savagely for alleged broken promises, deception, the abuse of Dr. Halsey, chairman of the State Medical Association's legislative committee, and cha--- ' that the veto had been brought about by the influence of Franklin W. Fort, the Governor's son, who had been the counsel of the osteopaths' organization. Dr. Ramsay charged young Fort with lobbying for the osteopaths' amendments and the speaker pointed out that his law partner was the spokesman of the bill's opponents. Incidentally, he paid his respects to some of the State newspapers. He said:

"The public press, when properly used, is a public blessing, but when one of your 'lemon' sheets will sell its pages to the sacrifice of human beings, they ought to bow their heads in shame."

He said it was time the medical profession of the State woke up and regulated osteopaths, who are no more than rubbers in Turkish baths, or plain liverymen, and who won't take examinations to practise medicine. If we don't," he said, "they will make us look foolish."

His speech was cheered practically from beginning to end.

Other speakers were the Rev. George S. Bennett, D. D., of Grace Episcopal (Van Vorst) Jersey City; Assemblymen James, Christie and Olwell and M. E. Ely.

Previous to the banquet the society met and adopted the following resolutions:

(See the preceding column for resolutions.)

The Dinner Committee was comprised of: F. D. Gray, chairman; B. S. Pollak, W. Brooke, J. J. Mooney, H. J. Bogardus, A. E. Olpp, Richard Paganelli, G. M. Culver, F. M. Corwin, J. H. Rosenkrans, A. A. Strasser, E. P. Hart, C. L. De Merritt, L. E. Poole, G. E. King and Joseph Koppel, secretary.

MIDDLESEX COUNTY.

Howard C. Voorhees, M. D., Secretary.

The ninety-fourth annual meeting of the Middlesex County Medical Society was held at the Mansion House, New Brunswick, March 21, 1910, at 2:30 P. M.

Those present were: Drs. Albright, Gutmann, Voorhees, English, Carroll, Clark, Donohue, Ellis, Eulner, Fithian, Henry, Lippincott, Lund, Meacham, Meinzer, Morrison, Ramsay, Riva, Runyon, Schureman, Suydam, Treganowan, Wilson, Cooke, Saulsberry and Gruessner.

The members sat down to an excellent dinner, in the large dining-room of the Mansion House and a very pleasant time was spent in social intercourse and in enjoyment of the viands which had been liberally provided.

After dinner the members adjourned to the parlor, where president John C. Albright, of South Amboy, called the meeting to order, at 4 o'clock P. M. The first business was the election of officers, which resulted as follows:

President, Benjamin Gutmann, New Brunswick; vice-president, John L. Lund, Perth Amboy; treasurer, David C. English, New Brunswick; secretary, Howard C. Voorhees, New Brunswick; reporter, Arthur L. Smith, New Brunswick.

Delegates to the State Society: Drs. William E. Ramsay, Perth Amboy; Alfred L. Ellis, Metuchen, and John L. Lund, Perth Amboy. Alternates: Drs. J. L. MacDowell, Perth Amboy, and D. L. Morrison, New Brunswick.

The report of the treasurer, Dr. D. C. English, showed a very satisfactory state of the Society's finances—there being a good balance on hand.

Dr. William E. Ramsay, one of the Asemblymen from this county, gave a very interesting report of the Legislature's action on bills concerning which medical men were specially interested.

He spoke at length upon the Medical Practice Bill, No. 156, and told of the opposition it had encountered from the time of its introduction until it passed both houses of the Legislature, and he warmly upbraided Governor Fort's attitude.

Dr. D. L. Morrison moved that a vote of thanks be extended to Dr. Ramsay, for his earnest work for the profession and the public. It was seconded by Dr. Gutmann and others in strong words of commendation and unanimously adopted.

Dr. D. C. English moved that this society place itself on record as favoring the employment of a permanent legal counselor by the State Society, who may be consulted on all matters requiring legal advice, and who will appear as its counsel at hearings on legislative bills when necessary.

After discussion this matter was unanimously adopted.

Dr. A. Treganowan, of South Amboy, moved that this society condemn as unfair and undignified the action of the Governor toward the profession, especially in regard to the Medical Practice Bill, and regards the attitude of both the Governor and the Attorney-General as expressed in the veto of that bill as misrepresenting the profession and the purposes of the bill. After considerable discussion, the motion was unanimously adopted. During the discussion Senator Silzer and the three Assemblymen from Middlesex County were warmly commended for their attitude toward this and other bills of a medical character.

Dr. Frank M. Donohue, of New Brunswick, reported several interesting surgical cases: (1) Fibro-cyst of the uterus with rupture into the abdominal cavity, weight 65 pounds; patient was up in three weeks and able to move about. One night she asked for a glass of water and a moment later was found dead by her nurse with the glass in her hand; death probably being due to embolism of the heart. (2) Case of par-ovarian cyst, with recovery on operation. (3) Case of iguinal hernia, left side, with undescended testicle, testicle being in the abdomen. (4) Case of hydronephrosis. (5) Case nephrorrhaphy and removal of gall stone through the kidney incision. (6) Case, male aged 65 years, removal of eleven stones from the urinary bladder. (7) Case, male, aged 35, had severe dysuria; an enormous stone was found in the bladder, weighing ten ounces, which had to be crushed in order to remove it; recovery. (8) Case of sarcoma of kidney in boy 4 years old, bloody urine was the only symptom.

After discussion of some of these cases the society adjourned.

MORRIS COUNTY.

Henry W. Kice, M. D., Secretary.

At a special meeting of the Morris County Medical Society, held at Morristown, New Jersey, April twenty-first, one thousand nine hundred and ten, the following resolutions were unanimously adopted:

Be it Resolved, That the Morris County Medical Society hereby declares its high appreciation of the services rendered by Dr. Luther M. Halsey, who, in behalf of the interests of the public health of New Jersey, has worked diligently to advance and maintain the high standard of professional requirements and conduct of the physicians of the State, and be it

Resolved, That this Society has firm confidence in Dr. Halsey's continuous integrity and reliability in presenting, as chairman of the Legislative Committee of the State Medical Society, the interests of the State's three thousand physicians, the welfare of the public and safeguarding by proper statutory regulations the professional conduct of those engaged in treating the sick, and be it

Resolved, That we, as a component society of the State Medical Society, condemn as being undignified, unbecoming, and unwarranted, the insult given to Dr. Halsey and the medical men of New Jersey by the Governor at a recent hearing held at the State House, Trenton, New Jersey, and be it further

Resolved, That these resolutions be spread upon the minutes of this Society, and that copies of the same be sent to Dr. Luther M. Halsey, The Journal of the Medical Society of New Jersey, Governor John Franklin Fort, and the Press.

OCEAN COUNTY.

Ralph R. Jones, M. D., Reporter.

The Ocean County Medical Society met in Lakewood, N. J., at the house of Dr. V. M. Disbrow, Thursday, May 12, at 4 P. M.

Although the meeting was called in Lakewood for the benefit of the members there, only two Lakewood members were present. Most of the members traveled from five to ten miles to attend.

President Otto C. Thompson called the meeting to order. Minutes of last meeting were read and approved. The resignations of Drs. Morine and Gaudineer were received. Action on Dr. Morine's resignation was deferred in the hope that he would reconsider, as he is too valuable a man for the society to lose without some effort being made to keep him in. Dr. Gaudineer having moved to Essex County, was given leave to join the society in that county. Drs. Frank Brouwer and Edgar Todd, of Toms River, and Dr. Harold Pitts, of Lakehurst,

were suspended for non-payment of dues. We hope they will soon be reinstated. The action of the secretary in publishing the following was ratified:

"The Ocean County Medical Society having learned of the death of their late member, Dr. Frederick S. Buckingham, desire to express their deep regret at his sudden demise, and to extend their sympathy to the bereaved family.

"Signed. A. M. Heron, Secretary."

A resolution was unanimously adopted, condemning the action of Governor Franklin Fort in vetoing the Medical Practice bill and his treatment of the medical profession was condemned. A copy was sent to the Governor.

President Thompson read a paper on "Purpura Hemorrhagica."

After discussing the paper and several verbal reports of interesting cases, the meeting adjourned.

PASSAIC COUNTY.

The annual meeting was held April 12, 1910.

The following officers were elected for the ensuing year: President, Dr. Charles H. Scribner; vice-president, Dr. William Flitcroft; secretary, Dr. J. Alan Maclay; treasurer, Dr. William W. MacAlister, all of Paterson.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Schaefer House, Salem, on May 4th, 1910, with a good attendance of members and visitors.

After the reports of committees and delegates, Dr. W. T. Good, of Salem, read a paper on "Peculiarities and Practices of Ancient Medicine," which was ably rendered and showed a great deal of work by the writer.

Resolutions were passed commending the work of Dr. Halsey and the legislative committee for their efforts in regard to the Medical Bill.

The following officers were elected for the ensuing year:

President, G. W. H. Fitch, Daretown; vice-president, H. T. Johnson, Pedricktown; secretary and treasurer, Henry Chavanne, Salem; reporter, John F. Smith, Salem; Censors, W. H. James, Pennsville, R. M. A. Davis, Salem, E. P. McGeorge, Woodstown.

After the usual dinner the society adjourned to meet at the Schaefer House, Salem, in November.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The eighty-first annual meeting of the Sussex County Medical Society was held at the Cochran House, Newton, May 10, 1910. A large majority of the members of the society were present.

Dr. William J. Chandler, secretary of the State Society, was present and read an able and very interesting paper on "Diet and Treatment of Typhoid Fever," for which the society expressed its thanks. He also gave a talk on the objects and aims of the State and county societies.

Three new members were elected as follows: Drs. Edward A. Ayres and H. E. Riddell, of Branchville, and Dr. E. W. Landis, of Stillwater.

After the usual routine business was disposed of, the president, Dr. E. B. Beatty, of Newton, read a paper on "Intestinal Parasites Simulating Acute Traumatic Appendicitis."

Dr. F. B. Wilbur, resident surgeon of the Franklin Hospital, the essayist for the present year, read a paper on "The Conservative Treatment of Wounds of the Hands and Fingers." This paper was very instructive and several members participated in the discussion of it.

The following officers were elected for the ensuing year:

President, Dr. Frederick P. Wilbur, Franklin Furnace; vice-president, Dr. Albert N. Jacobs, Sparta; secretary, Dr. Shepard Voorhees, Newton; treasurer, Dr. Ephraim Morrison, Newton; reporter, Dr. H. D. Van Gaasbeek, Sussex. Delegate to the State Society, Dr. F. B. Wilbur.

The year has been free from epidemics and very noticeably free from the usual mortality. No deaths have occurred among the members of the society during the year.

WARREN COUNTY.

William J. Burd, M. D., Secretary.

The regular annual meeting of the Warren County Medical Society was held at the American House, Belvidere, on Tuesday, May 17th, 1910, at 11 A. M. A large representation of the members was in attendance. Dr. Thomas N. Gray, of East Orange, councilor of the First District; Dr. William J. Chandler, of South Orange, Secretary of the State Society, and Dr. Franklin F. Lefferts, of Belvidere, were present as guests of the society.

The following papers were read and discussed:

"Hernia from the General Practitioner's Standpoint," by Dr. C. M. Williams, Washington.

"Reports of an Unusual Lesion in Typhoid Fever," by Dr. F. W. Curtis, Stewartsville.

An amendment to the by-laws, which had been laid over from the last meeting, was read, discussed and adopted as follows:

"Section II. Every member shall pay an annual fee of one dollar and at his option the additional amount assessed per member by the State Society for which he shall be entitled to receive the Journal of the Medical Society of New Jersey, if his dues are paid. The funds of the society shall be disbursed for its purposes and expenses at annual meetings only. In case of insufficiency an assessment on the members pro rata may be made."

The annual dinner was served during the noon recess. Resolutions condemning the action of Governor Fort in relation to the Medical Practice Act were adopted unanimously.

The election of officers and delegates resulted as follows:

President, Floyd A. Shimer, Phillipsburg; vice-president, Edgar N. Brasefield, Phillipsburg; secretary, William J. Burd, Belvidere; treasurer, G. Wycoff Cummins, Belvidere; reporter, John H. Griffiths, Phillipsburg; annual delegate to the Medical Society of New Jersey, Charles B. Smith, Washington.

In immobilizing the knee-joint the patient is more comfortable and better relaxation is secured if a very slight degree of flexion is maintained.—Amer. Jour. of Surgery.

Local Medical Societies.

Bayonne Medical Society.

(From the Bayonne Times)

The Bayonne Medical Society held its annual meeting yesterday and celebrated the event by holding a banquet. The celebration was held in the evening at Meister's Pavilion, and was attended by twenty-one of the twenty-four members.

Probably no dinner previously given by the society was a greater success than this one.

Caterer Meister had arranged everything for the convenience of his guests and prepared a most excellent menu. The members had a jolly good time and it was about 1 o'clock before the doctors left for their homes. The business meeting preceded the dinner and was devoted entirely to the election of officers. Those elected are: President, Dr. W. H. Axford; vice-president, Dr. Bert S. Heintzelmann; secretary and treasurer, Dr. W. A. Pinkerton. The retiring officers are: President, Dr. A. C. Forman; vice-president, Dr. H. D. Abbott; secretary-treasurer, Dr. E. Gamson.

Summit Medical Society.

Reported by W. J. Lamson, M. D., Secretary.

At a regular meeting of the Summit Medical Society, held Friday, April 20th, 1910, the following resolutions were unanimously adopted:

Resolved, That we, the members of the Summit Medical Society, do hereby express our disapproval of the attitude of His Excellency, the Governor, toward the medical profession of this State.

We protest against his veto of a just and constitutional measure aimed to protect the health of the citizens of this State.

We especially condemn his undignified attack upon the chairman of the Legislation Committee, Dr. L. M. Halsey, at a recent hearing presided over by him in his official capacity, as the Executive of this State.

We hereby express our entire confidence in the integrity of Dr. L. M. Halsey.

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club, Summit, on Friday evening, April 29th, 1910, with Dr. Thomas P. Prout in the chair. Dr. T. Y. Sutphen, of Newark, honorary member, was host, and Dr. E. S. Sherman, of Newark, was present as a guest.

A letter was read from Senator Kean, in reply to one from the secretary, in regard to the bill establishing a National Board of Health. A resolution expressing the confidence of the society in the integrity of Dr. L. M. Halsey, and thanking him for his earnest and arduous efforts in behalf of the medical profession and the general public of New Jersey was offered by Dr. William H. Lawrence, Jr. In the discussion of this resolution the Governor of the State was severely criticized. The resolution passed unanimously.

The paper of the evening was read by Dr. T. Y. Sutphen on "The Effect of the Mind on Mental and Physical Ills." The doctor held that the mind has considerable power over disease. Whatever is conducive to comfort and pleasure has a beneficial effect on a sick person. The cheerful, smiling, hopeful doctor is more successful than others. Everything that grates upon the nerves of the patient should be removed from the sickroom. We owe much to Nature, and should trust her more. Hope, comfort, assurance, are very valuable medicines. We should investigate every new fad and school, and use whatever may be good in each.

Dr. Lawrence said the paper reminded him of some of the teachings of Dr. Wier Mitchell. If the doctor will cheer and encourage the patient, the patient will in turn encourage the doctor.

Dr. Sherman thought cheerfulness and hope on the part of the doctor often made the difference between failure and success.

Dr. W. J. Lamson said that while we should be cheerful, we should not be trivial or frivolous. The patient appreciated a certain amount of seriousness.

Dr. W. W. Jaquith related a case in which encouragement apparently cured a case of hysteria.

Dr. Thomas P. Prout believed in the Gospel of Good Cheer. He also thought a proper amount of sympathy, and a kindly interest in the patient's many minor woes did good. We cannot bluff patients out of their maladies; a certain amount of seriousness is necessary. He related a case in which, after many different diagnoses by many physicians, the patient was pronounced hopelessly incurable, and had become a nervous wreck. By careful treatment, cheerfulness, the instillation of hope, and pleasant surroundings, she was graduallyl lifted out of the abyss into which she had been plunged by unwarrantable medical advice, and in time became a well woman. We should show a serious attitude toward our patients' complaints, combined with cheerfulness and hope, but should not be flippant. In closing, Dr. Sutphen said our patients study closely our manner and face, and we must make them believe we are honest and sincere or we cannot inspire them with hope.

Drs. R. H. Hamill, W. C. Smalley, J. E. Pollard, and D. E. English, also discussed the paper.

Dr. Wellington Campbell reported a case of gonorrhoea in a boy of six years, supposed to have been infected by a grown girl.

Dr. William H. Lawrence, Jr. spoke of the open treatment of fractures, and related a case of fracture of the clavicle that would have been permanently disabled if he had not treated it by the open method. Dr. Prout, in discussing the case, said that continuous pain generally justified operation.

State and National Societies.

The Society for the Relief of Widows and Orphans of Medical Men of New Jersey.

This society held its twenty-eighth annual meeting in Newark on May 11, 1910.

The report of the Board of Trustees, covering the year's work, was read, showing that six members of the society—Drs. T. S. P. Fitch, of Orange; T. N. McLean, of Elizabeth; A. C. Ward, of Orange, and R. S. Gage, Edgar Holden and Daniel Sweeney, of Newark—had died

during the year and eight new members had been elected.

The receipts for the year were $3,105.13, and the expenditures, $1,911, of which $1,728.75 were paid to the estates of deceased members and $182.25 were for necessary expenses of printing and postage; $509.50 were transferred to the permanent fund, and this amount, with the interest from the fund's securities and a donation of $50 from an unknown friend of the society, increased the fund by $831.57, making a present total of $9,700.62. This fund, which is now in the care of a board of custodians, is safely invested in municipal bonds of New Jersey cities and in railroad bonds and in carefully chosen savings banks.

The society had been made the residuary legatee by one of its members, but after his death the will was contested and, although it was sustained, the legal expenses were so great that over one-third of the estate was expended in this way and nothing remained for the society.

Officers were elected as follows: Dr. C. J. Kipp, president; Dr. Archibald Mercer, vice-president; Dr. G. R. Kent, treasurer; Dr. C. A. Bennett, secretary, and Drs. J. H. Rosenkrans, C. F. Underwood and E. Staehlin, trustees for three years.

New Jersey Association for the Prevention and Relief of Tuberculosis.

Fourth Annual Meeting.

Declaring that a battle half won makes victory assured, Dr. John B. Huber, of Fordham University, in an address before the New Jersey Association for the Prevention and Relief of Tuberculosis at the Free Public Library yesterday afternoon, asserted that the time would come when phthisis would be as scarce as smallpox. Dr. Huber pointed out that the death rates in large cities had dropped enormously since the germ of the disease was discovered. He remarked that this was one of the indications that the fight was a winning one.

It was the association's fourth annual meeting and delegates representing many municipalities in the northern and middle sections of the State attended. Dr. Gordon K. Dickinson, of Jersey City, the president, occupied the chair.

Dr. Huber, who is professor of pulmonary diseases at Fordham, took as his topic, "The Winning Fight." The speaker read a list of men and women prominent in the history of letters and art who had succumbed to tuberculosis.

After reviewing other conditions, such as the decimation of the Indians by the plague and the susceptibility of the negro race to its attack, Dr. Huber gave an encouraging picture of the fight now being waged.

Enforcement of anti-spitting ordinances, registration and recognition of tuberculosis cases, making use of the simple precautions which science has formulated, proper construction of tenements and appreciation of the powers of fresh air and sunshine, have all contributed to reduce the number of victims, Dr. Huber continued. He added that tuberculosis is not merely a "doctor's disease," but all classes of men have aided in the war against it. In conclusion the speaker said:

"So long as we agree that we are going to accomplish our object we can leave the date thereof to take care of itself, for it will surely come."

The work of the past year was reviewed by the secretary, W. C. Smallwood. Mr. Smallwood said that the plan of waging war against tuberculosis in each town instead of establishing a central place for the care of cases had proven its value. He added that a much greater number of patients had been reached than could have been cared for by a single hospital or sanatorium, except at an expense larger than the State would pay.

Reports from committees representing Paterson, Madison, Plainfield and other towns showed that the work of prevention and education was going on with unabated energy, and that the range of the organization's effectiveness was steadily increasing.

Officers and directors were elected as follows: President, Dr. Gordon K. Dickinson; first vice-president, Dr. William G. Schauffler, of Lakewood; second vice-president, Dr. B. Van D. Hedges, of Plainfield; honorary vice-presidents, Governor John Franklin Fort, Bishop James A. McFaul, of Trenton; President Woodrow Wilson, of Princeton University; treasurer, Thomas H. Williams, of Jersey City; directors, for five years, Dr. William H. Murray, of Plainfield; Dr. Schauffler, Dr. George E. McLaughlin, of Jersey City; Dr. D. C. English, of New Brunswick; D. S. White, of Atlantic City; Mrs. Barker Gummere, of Trenton; Congressman Charles N. Fowler, of Elizabeth; Robert Davis, of Jersey City; Rev. D. S. Hamilton, of Paterson; former Senator Everett Colby; for three years, to fill vacancies, Wallace M. Scudder, William H. S. Demarest, of New Brunswick.

The executive committee selected is composed of Mrs. C. B. Alexander, of Hoboken; Dr. Hedges, Dr. Theodore W. Corwin, Professor E. H. Loomis, of Princeton; Dr. James A. Exton, of Arlington, and Mrs. William G. Bumsted, of Jersey City.

The financial report of the association showed receipts during the year amounting to $4,780.60, of which $2,493 resulted from the sale of Red Cross stamps. The amount received from subscribers was $2,287.60. The expenditures aggregated $4,294.50.

New Jersey Sanitary Association.

The Executive Council of this organization held its annual session, to make arrangements for the Association's annual meeting in December, at Plainfield, in the spacious dining-room of the Country Club.

The chairman, Dr. B. Van Doren Hedges, of Plainfield, had made elaborate preparations for the entertainment of the members, about thirty of whom were present, including physicians, civil engineers, school superintendents, health officers and three mayors of cities.

Automobiles met the members at the Plainfield railroad station, and visits were made to the extensive sewage filtration plant of the city, where the workings were explained; then to the Muhlenberg Hospital, building for contagious cases and the tuberculosis sanatorium; then to the extensive Woodbrook Farm Dairy, and to the beautiful grounds of the Country Club, where Dr. Hedges had provided an elaborate and bountiful dinner.

After the members had been thus abundantly refreshed, Dr. Hedges, after receiving a hearty

vote of thanks, called the meeting to order, and subjects were suggested for papers to be presented at the Association's annual meeting. The President, Rudolph Hering, C.E., of Montclair, announced that his address would be on some engineering subject, suggested by his extensive observations in Europe this summer. Other subjects suggested were:deleterious effects of illuminating gas; medical inspection of schools; the social evil—symposium on; value of health boards to communities, by Mayor McBride, M. D., Paterson, Mayor Fisk, Plainfield, and Mayor Appleby, Asbury Park; value to health of out-door sleeping; disposal of trade wastes; controlling dust on highways; duty of the State to protect its citizens.

Some able men of our State and two or three from other States were suggested as the writers of these papers. Drs. J. A. Exton and D. C. English, and H. M. Herbert, C. E. were appointed a committee to complete the program, select authors of papers and persons to discuss them, etc. Lakewood was selected as the place of the annual meeting, and December 2 and 3 as the date. The Council expressed its pleasure in welcoming Dr. Henry Mitchell home from his extensive trip abroad, and its good wishes to President Hering for his extended visit to foreign countries.

Report of Pharmacopeial Convention.

(Held in Washington, D. C., May 10-13, 1910.)
From the A. M. A. Journal, May 21st.

While the medical profession was not so well represented at this convention as it should have been, nevertheless there were more medical men in attendance than at the last convention. As is well known, the main business of the convention is to provide for the revision of the Pharmacopeia and the principal part of this is the election of the revision committee. Heretofore, the revision committee has consisted of twenty-five, but this number was considered too large for practical work and too small to be representative. A radical change was made in that the committee of revision was enlarged to fifty; this large committee selects from its number fifteen who are to be known as the executive revision committee. While the whole committee of fifty has general supervisory functions the smaller committee will be responsible for the work.

It will be noted that the medical men on the revision committee are in an extreme minority, only three or four practicing physicians being in the list. While this is true, the medical profession is much better represented than heretofore for the reason that a considerable number of the revision committee represent medical interests and the medical profession. The Council on Pharmacy and Chemistry is well represented, having eight of its members on the committee of revision.

A decided compliment was paid Dr. H. W. Wiley by the convention when it selected him as its president. The following officers were elected: President, Dr. H. W. Wiley, Washington, D. C.: first vice-president, Dr. N. S. Davis, Chicago; second vice-president, Professor Charles Caspari, Jr., Baltimore; third vice-president, Dr. Oliver T. Osborne, New Haven, Conn.; fourth vice-president, Mr. Leo Eliel, South Bend, Ind.; fifth vice-president, Dr. W. A. Bastedo, New York; secretary, Dr. M. G. Motter, Washington, D. C.; assistant secretary, Dr. Noble P. Barnes, Washington, D. C.; treasurer, Mr. S. L. Hilton, Washington, D. C.

(On the general committee of revision the following members from New Jersey were appointed: George M. Beringer, retail druggist, Camden, and Dr. Philip Marvel, of Atlantic City.—Editor.)

American Gastro-Enterological Association.

The thirteenth annual meeting will be held at Planters' Hotel, St. Louis, Mo., June 6 and 7, 1910. The program contains the following papers:

1. Recent Events in the Development of Gastro-Enterology, by Dr. J. Friedenwald, Baltimore. 2. Cardiospasm, (a) Stretching of the Cardia for Cardiospasm and Idiopathic Dilatation of the Esophagus; (b) On Duodenal Feeding, by Drs. J. S. Meyer, St. Louis, and Max Einhorn, New York. 3. Thyreoidism as a Causative Factor in Gastric Disturbances, by Dr. M. Ballin, Detroit. 4. Some Observations and Modifications on the Schmidt Test Diet, by Dr. G. W. McCaskey, Fort Wayne. 5. Studies in Feces; Carmin as an Indicator, by Dr. C. D. Spivak, Denver. 6. Achlorhydria Hemorrhagica Gastrica, by Dr. J. T. Pilcher, Rochester, Minn. 7. Further Observations on Alcoholic Gastritis and Its Relation to Experimental Gastritis in Animals, by Dr. N. B. Foster, New York. 8. Observations on the Variability of the Composition of the Gastric Juice, by Dr. E. L. Eggleston, Battle Creek. 9. Chylous Cyst of Mesentery, by Dr. A. L. Benedict, Buffalo. 10. A Clinical Study of 600 cases of Colitis, by Dr. G. D. Kahlo, French Lick. 11. The Role of the B Coli Group in Disease, by Dr. F. B. Turck, Chicago. 12. Some Experiences with the Einhorn Duodenal Bucket, by Dr. W. G. Morgan, Washington. 13. On the Adaptation of the Human Saliva to Diet, by Dr. L. B. Mendel, New Haven. 14. Hyperacidity and Gynecology, by Dr. J. H. Carstens, Detroit. 15. The Clinical Features of the Metastases Involving the Nervous System Secondary to Cancer of the Stomach, by Dr. H. L. Elsner, Syracuse. 16. The Relation of Gallbladder and Dust Diseases to Gastric Function Based upon Clinical and Experimental Observations, by Dr. J. A. Lichty, Pittsburg. 17. Clinical Note on Lymphocytosis Observed in Certain Digestive Disturbances, by Dr. J. P. Sawyer, Cleveland. 18. In What Gastric Diseases are Operative Measures Advisable? by Dr. C. D. Aaron, Detroit.

Physicians generally are cordially invited to attend the sessions of this annual meeting.

New Members of the American Medical Association from New Jersey.

Bleick, Theodore E., Newark.
Bouynge, Henry A., Ridgewood.
Carroll, William H., Passaic.
Harman, Harry M., Frenchtown.
Kensinger, William H., Camden.
Perkins, James L., Cranford.
Ramos, N. I., East Orange.
Rauschenbach, Paul E., Paterson.
Rose, William W., Newark.
Warncke, Frank H., Elizabeth.
Woods, A. Lincoln, South River.
Zehnder, A. C., Newark.

Miscellaneous Items.

Reception to Dr. Jacobi, of New York.

The Medical Society of the State of New York gave a reception to Dr. Abraham Jacobi at the Academy of Medicine, May 6, 1910, in honor of his eightieth birthday. Dr. Joseph D. Bryant made the address of welcome and Dr. Charles Jewett presented the guest with a bronze medallion of himself. This was unveiled by Miss Ruth McAneny, the granddaughter of Dr. Jacobi.

Complimentary Dinner to Dr. Tyson.

A complimentary dinner was given to Dr. James Tyson on May 5, on his retirement from the chair of the principles and practice of medicine in the University of Pennsylvania and on the completion of forty years of medical teaching. Dr. W. W. Keen acted as toastmaster, and addresses were made by Dr. Frank Billings, of Chicago; Dr. Reginald H. Fitz, of Boston; Dr. George R. Peirsol, of Philadelphia, and the Hon. John Wanamaker.

A Fine and Generous Tribute.

We have seldom seen a handsomer spontaneour tribute to our profession than the one here reproduced from the South Carolina Catholic, edited by the Rev. G. A. Kraft, Charleston, S. C. The article had a caption of "The Unremunerated Physician."

"Because a crank physician visiting this country gave a lecture to a professional audience, which contained a number of other cranks, in which he advanced the opinion that consumptives who had reached the incurable stage should be put to death by some painless process to relieve their sufferings, and to lessen the danger of spreading the dread disease, one of our most valued exchanges, edited by a priest of great learning and ability, is led to make the assertion that 'Doctors are the least respected of the professional men; and justly so. They are experimenters with life at the risk and cost of others. What they know is not worth talking about, but what they pretend to know is simply appalling. As expert witnesses they are the laughing stock of the world.' That the force of this sweeping arraignment is broken by the exceptions made to it which include practically the whole medical profession, namely, the surgeons, the specialists and the honest general practitioner, is no excuse for making it. Next to the clergy, physicians are the most respected of professional men, and justly so. What the average physician knows is worth more to human happiness than the combined knowledge of all other professions save theology. The average physician makes no pretensions to knowledge, but he knows more of medicine than the average lawyer does of law and the average theologian does of theology. When called into service, whether it be to minister to the suffering or to give an opinion in a court of law, he has no time to study authorities, but must depend upon information gained with conscientious efforts in the busy moments of an arduous and exacting profession. The religious rights of the Protestant will be safe in the hands of the Catholic physician and the religious rights of the Catholic will be safe in the hands of the Protestant physician at the supreme hour when nought will avail but the consolations of religion. This scrupulous care is only loyalty to the requirements of the most unselfish of all the secular professions. The average physician does what no other person in the world does. He gives his best thought and work to what, if entirely successful, would destroy his income—the prevention of disease. He gives vastly more in charity in proportion to his means than any other person. To save human life he daily risks his own life with an abandon no one outside of the profession can comprehend. The prolongation of life and the alleviation of suffering is his highest duty and to him life in the wretched hovel is as precious as that in the gilded palace, and the life of the moral leper as worthy of solicitude as that of the purest saint. He is the custodian of the physical, mental and moral infirmities of his patrons. Were he to open his lips families would be broken up and communities would run wild. His life is one of acutely felt responsibility, unremitting labor and inadequate remuneration."

When Doctors Die—Average Age.

In the United States and Canada there are now approximately 135,000 practitioners of medicine.

Of this number 2,199 died during the year 1909—a death rate of 16.29 per 1,000. The average death rate in the United States of people in all walks of life is approximately 16.1 per 1,000.

In the year 1902 the death rate among physicians was only 14.74, while in the year 1908 it ranged up to 17.39. Thus it is evident that the mortality among physicians is practically an average of the general national mortality.

The death rate in certain foreign countries, however, varies considerably from the North American rate, running all the way from 30 per 1,000 in Chile and 26 per 1,000 each in Spain, Hungary and Ceylon, down to 9 and a fraction in New Zealand.

The ages at which physicians died in this country during 1909 varied from 22 to 100, but the average age was 59 years and 6 months. Thus the average age at which doctors die is just six months short of Dr. Osler's famous sixty years of usefulness, after which chloroform was said to be in order.

The chief causes of death among physicians during the past year stated in the order of their importance were: Heart disease, 212; cerebral hemorrhage, 197; violence, 161; pneumonia, 145; Bright's disease, 133; old age, 102. It is interesting to note that 45 committed suicide, while only 35 died of typhoid fever, and that tuberculosis claimed only 97, cancer 75 and appendicitis 34.

Abuse of Street Privileges by Physicians.

According to an ordinance recently passed, physicians' automobiles now have the right of way in the streets of Baltimore and are allowed to speed, as are fire engines and ambulances, other vehicles being obliged to make way for them. This is a senseless law, liable to abuse, and one which other municipalities will do well not to copy.—Medical Record.

THE JOURNAL
OF THE
Medical Society of New Jersey

JUNE, 1910

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
David C. English, M. D., Editor,
New Brunswick, N. J.

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Charles J. Kipp, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal, should be addressed to
William J. Chandler, M. D., South Orange, N. J.

THE ANNUAL MEETING.

Do not forget the date of the 144th ANNUAL MEETING of the MEDICAL SOCIETY OF NEW JERSEY at Atlantic City,

JUNE 28-30, 1910.

Make your plans to attend.

Every County Society should have a full delegation present.

We give a preliminary program, though not a full one, in this issue of the Journal.

This will be an exceedingly important meeting. Every officer, permanent delegate and annual delegate should be present and as many members of the County Societies as possible.

Remember that the presence of the ladies adds to the enjoyment of the annual meeting.

NOTICE TO DELINQUENT MEMBERS

This issue of the Journal is the last some of our members will receive. They have neglected or forgotten to pay their annual dues in their county societies. Unless these dues are paid at once their names will be dropped from the membership lists of the Medical Society of New Jersey, and their Journals will be discontinued. When we recall the various advantages of county society membership, to which has recently been added a complete and uncompromising medical defence in malpractice suits, it seems strange that any eligible physician should fail to make sure of his good standing in the membership of his county society. A word to the wise, &c.

SHALL THE JOURNAL IMPROVE?

We begin with this issue of the Journal a new volume—VII.—and our desire is to make it a better Journal than it has ever been. Will you help us, fellow members, to do so? We especially ask secretaries and reporters of the county societies, and also of local medical societies, for their help in this laudable endeavor. We suggest to them that reports of meetings, deaths and special news items be sent direct to the editor, New Brunswick, within forty-eight hours, or sooner if possible, after their occurrence. Arrange, Messrs. Secretaries and Reporters, between you who shall send these reports, dividing the work if you prefer, but *be sure we get the reports.*

We deeply appreciate the voluntary work of some of our members who are not in official position, but whose interest in the profession and the Journal has prompted their kindly service. We mention no names for fear of omitting some, but we give credit by attaching their names to reports furnished. We also appeal for reports of interesting cases for our clinical reports columns, and we shall be pleased if secretaries or other members of hospital staffs will send reports of work done in these institutions and the results of operations or special lines of treatment. We also invite much freer use of our correspondence columns.

With this suggested assistance we promise that Volume VII. shall be a better Journal—more helpful to our members and better set forth the work of our profession in New Jersey.

We remember that seven is the perfect number, but while we dare not hope that our Journal shall reach any such position, we shall endeavor to make one or two steps in advance toward the ideal.

We had expected to send out with this issue of the Journal the Index for Volume VI.—had given several hours of night work to do so—but pressure of work in the printer's office has required its delay until the July issue.

OUR LEGISLATORS.

As editor of the Journal, we have come in contact with medical men from different parts of the State and we have been deeply impressed by their practically unanimous expressions of lack of confidence in the average legislator's regard for the responsibilities of his high position, and we may say it applies also to some men higher in official position. Some of them are eloquent in high-sounding platitudes and lofty sentiments in their addresses at religious gatherings and public dinners and yet secretly, if not openly, act the part of the wire-pulling, log-rolling politician and wield the big stick with all the vim of the self-seeking and imperious boss and, like him, covertly serve the great corporations which they, in public speech, declare need to be controlled. We need rulers who are honorable, sincere, reliable; men who are not governed by passion or prejudice and whose ambition is to secure the highest welfare of the State through the betterment of the intellectual, social, healthful and moral conditions of its citizens. We need in both branches of the Legislature more intelligent men who will be governed by their conscientious convictions in enacting wise, wholesome, righteous laws that shall bring honor to the State and protection and safety to its citizens; men who cannot be bought and will not be coaxed or driven from a straight-forward, manly course, but will be as true in the discharge of their legislative duties as honorable and honest men are in their own personal business transactions. We have far too much politics of the baser sort in our legislation; we need men who exalt and practice patriotism above partisanship.

We do not wish to be understood as reflecting upon all or the majority of our present legislators. There are many able and honorable men in our Assembly and several in the Senate; men who did their duty, resisting every argument and inducement to swerve them from the course which their enlightened judgment and consciences convinced them was right. We give all honor to such men and count them worthy of higher position in the service of the State. The general concensus of opinion, we believe, is that the legislative record of this year has been above the average, in the passage of good and the defeat of bad or objectionable bills. We believe it is also generally conceded that the record of the Assembly has been better than that of the Senate. The action on the Medical Practice Bill has given our members a very good opportunity to test some of these members of the Legislature, for we believe that no bill has been more fiercely assailed and to secure the defeat of which more tremendous pressure—some of it of unscrupulous character—has been brought to bear upon our legislators. To the credit of the large majority of our Assemblymen, be it said, that that pressure was unavailing—possibly with many because of the bad methods used for its defeat—and it passed by the unexpectedly large vote of 42 to 11. Too much credit cannot be awarded to Dr. William E. Ramsay, a representative from Middlesex County, the introducer of the bill. He, as a medical man, knew its merits and his fidelity, and great personal sacrifice, and his influence as a physician have demonstrated the wisdom of our contention heretofore that there should be at least five or six doctors in the Assembly and three or four in the Senate, because they are the most competent men to pass judgment upon legislation affecting the health interests of our State. We are sorry that we are compelled to say that the tactics of the opposition in the Senate proved more powerful for reasons we will not now discuss, only observing that they were not creditable to some of the members of that body. It passed the Senate, however, by the vote of twelve ayes and no votes against, though the majority of the members of the Senate not voting in the affirmative were present at the time and simply refused to put themselves on record, some from whom we had a right to expect manliness of action, and one of them has had relatives who were distinguished physicians, one of whom was

president of our State Medical Society, a man honored at home and abroad for his scholarly attainments, his poetic genius and nobility of character.

The length of this editorial forbids further comment except to recognize the intelligent, conscientious and courageous services rendered by Senators Silzer, of Middlesex; Frelinghuysen, of Somerset; Prince, of Passaic, and Price, a member of our profession, of Sussex, and in behalf of our profession we thank them and all others in both branches of the Legislature, not because they favored our profession and expressed by their efforts and votes their confidence in our judgment and the purity of our motives—though we do appreciate that confidence—but because they voted to maintain high standards of medical education and of requirements for medical licensure for the protection of the health and the lives of the citizens of New Jersey.

We say again, with emphasis: *Let us have far less of partisan politics and far more sound business principle and methods in our legislative halls that shall result in the enactment of laws that will benefit, protect and uplift rather than oppress, endanger and degrade the people.* Let us, as medical men, use our influence for the election of men to represent the people who will exalt patriotism above partisanship in the discharge of their solemn duty.

STATE BOARD STATISTICS 1909.

The *Journal of the American Medical Association* of May 21st gives twenty-three pages—1733-1755 inclusive—on State Board Statistics for 1909. The tabulated statistics of State Medical Examining and Licensing Boards and the deductions drawn therefrom are valuable in the light they throw on several phases of the question of present standards of medical education and the licensing of graduates from medical colleges, and the publication of the failures of graduates of the colleges is calculated to greatly improve the work of these institutions.

We can at this time refer only to two of the tables. Table A of the series shows the results of all candidates who took examinations in 1909 regardless of the years in which they graduated. Altogether 7,287 were examined last year as compared with 7,770 in 1908, and 7,271 in 1907. Of those examined 19.6 per cent. failed, as compared with 21.7. per cent. in 1908 and 21.3 per cent. in 1907, and 20.7 in 1906. Table B shows that of the 4,011 graduates in 1909 of the 137 colleges specified, who were examined by State boards in 1909, only 10.6 per cent. failed, while of the 5,891 of the graduates of those colleges of 1905 to 1909, 15.4 per cent. failed, and of the 958 graduates of 1904 and previous years examined by State boards during 1909, there were 30 per cent. of failures.

These statistics need careful study if we would arrive at correct conclusions, but we are satisfied from our brief examination of them that they furnish enough evidence to warrant the belief that either the standards of many of our medical colleges need to be considerably raised or that some of them should be closed. The Council on Medical Education of the A. M. A. has done a grand work in their efforts to raise medical college standards, and there is without doubt a greater amount of work yet to be done by the council. We take this occasion to express our belief that a reduction of one-half in the number of medical colleges, with lengthened courses, better equipment and more practical curricula in those that should continue, would better meet the needs of the profession and of suffering humanity. We further believe that a post-graduate college in one of the Pacific Coast States, one in the Middle West and one or two in the East devoted to the more thorough teaching of sanitary science and sanitary administration, for the training of health officers, health inspectors, etc., is our great need for the advancement of the all-important branch of preventive medicine.

Annual Meeting State Society

Atlantic City, June 28 to 30, 1910

BUSINESS METHODS OF PRACTICE

Among the original papers in this issue of the Journal is one by Dr. A. E. Ewens, of Atlantic City, on the above subject, which is timely. It is true that the medical profession is one of the most altruistic of all bodies or classes of men and is most free from the spirit of commercialism. It is equally true that for the exhibition of true charity that is purely voluntary and for free service that is forced upon the profession that is very often downright imposition because the recipients are not proper objects of charity, our profession certainly exceeds all others. Then if we add to all this what hardly comes under the head of charity, but rather patriotism and love for humanity, which is the greatest work and glory of our profession—its persistent and self-denying efforts in developing, establishing and advancing preventive medicine, which means hundreds of thousands of dollars out of the pockets of medical men of New Jersey annually, surely it needs no argument when we affirm that there is ground for the question often asked, If the profession is not impoverishing itself, and there is need of just such thought as Dr. Ewens's paper presents for our consideration.

It is not our purpose at this time to discuss his paper, but simply to call attention to it, that it may receive the consideration it deserves.

A JUST RECOGNITION.

It has been suggested that some suitable testimonial be presented to Dr. William E. Ramsay, Assemblyman from Middlesex County, in recognition of the devoted and efficient service rendered by him not only to the medical profession, but also to the citizens of New Jersey, as he has sought to promote their highest interests through wise, medical legislation. We believe we do no injustice to other faithful workers when we say that we owe to no man more than to Dr. Ramsay, the passage of the Medical Practice Bill by both branches of the Legislature, and in saying so we are not unmindful of the most earnest and faithful work done by Dr. Halsey and other members of the Standing Committee on Legislation and the special committee appointed by the State Society to co-operate with that committee. We are of the opinion that the proper place and most opportune time to suitably express our appreciation will be during the sessions of the coming annual meeting of our society.

ATLANTIC CITY

June 28-30.

Make your professional engagements so that you can be there, doctor, not for an hour or two, but for all three days, even if it requires some sacrifice. We need your presence.

ARE THEY THE OSTEOPATHS' ORGANS?

The Trenton Times seems to be one of the leading organs of the osteopaths and it worthily represents them. It has had several items in its columns since that wonderful veto message appeared which tend to show that that paper is not only in sympathy with them, but is, like them, misrepresenting the attitude of the medical profession of the State in this osteopathic controversy, and is inserting articles which are misleading—liable to deceive the public. In a recent communication by one Eli G. Jones, for example, it gives a heading in large caps, "Allopath Defends Drugless Healers." Who is this "allopath"—the friend of Governor Fort and the osteopaths? We will let the *Texas State Journal of Medicine* reply:

> Physicians of Texas have been sent circular letters by Dr. Eli G. Jones, of Burlington, N. J., offering a post-graduate course of instruction at his office on medical treatment of all forms of external and internal cancers, tumors and malignant growths. Dr. Jones is a graduate of Dartmouth, N. H., 1871, and is not a member of his county and State medical societies. It would hardly seem possible that any doctor in Texas would reply to letters of this kind or seriously consider a course under a man with such a standing, who claims to cure by medical treatment 80 per cent. of all cancers that come

to him. It would be highly interesting for us to know what medical treatment will cure 80 per cent. of cancers of the breast and uterus coming to physicians.

Does *The Times* knowingly parade men of such pretentions in its columns and thereby commend them to its readers without a word of warning?

We have nothing further to say about this Eli. We will only observe that this is the second Gun that has been fired for the osteopaths from Burlington. (See editorial in May Journal, page 626, "A Pitiable Exhibition.")

In an editorial in the same paper on "Osteopathy," of April 29th, there is a quotation from an article by Dr. J. Madison Taylor in the *New York Medical Journal* of February, 1908, in favor of manipulation in the treatment of certain cases, which is, as quoted, calculated to cause careless or unintelligent readers to think he was favoring present-day claims of the osteopaths. All physicians believe in and, in proper cases, advise massage, though they do not use it indiscriminately in treating all diseases, certainly not in such diseases as appendicitis, diphtheria, gonorrhœa or syphilis.

The *Jersey Journal*, of Jersey City, is another newspaper of the same class, though it may excel in literature of a yellow color, that loses no opportunity, in its zeal for the osteopaths, to insult a profession that all intelligent, fair-minded and decent men respect. *Par nobile fratrum.* The motive is not difficult to detect. The animus is in perfect accord with the spirit manifested by the osteopaths during all of last winter's efforts of our profession to treat them as fairly and liberally as a proper regard for the lives of the citizens of the State permitted.

We repeat with emphasis what we said in our editorial above referred to:

We have profound respect for the public press when those who control it, and its editors, are able, honorable, decent men, who endeavor to wield its tremendous power in behalf of noble, pure, right and just ends, but we have nothing but supreme contempt for those who, regardless of the great responsibility connected with such great influence, use their power for base or unworthy purposes.

Shall we make the 144th Annual Meeting a record-breaker for attendance? Will you help to make it Five Hundred?

Some newspaper editors are disposed to make light of the Governor's unfairness, mistatements and, in the "hearing" incident, brutality toward our profession, and they intimate that we are too vigorously criticizing him. But we believe that a proper respect for our profession and a proper assertion of our manhood as members of it, demand a vigorous protest against the lack of manliness and veracity, and utter lack of dignity, which is decidedly unbecoming and improper when so conspicuously exhibited by one exalted to high office, especially when it is our solemn conviction that the lives of the citizens of our State have been endangered by his action.

We have recently received the following from the editor of one of the ablest medical journals on our exchange list:

The May issue of your Journal is just at hand and I find it of great interest. I have been watching to see what would be the outcome of Governor Fort's attack on Dr. Halsey, as we have a Chief Executive of about the same calibre as Fort. In the presence of a number of members of the State Society he took occasion to make unjust remarks about the medical profession and further said that when the Governors of the different Mississippi Valley States were on their cruise on the Mississippi with President Taft last spring, all Governors agreed as to the difficulty of handling the medical profession. If all chief executives are of the same calibre as Fort we cannot be much surprised that they have this sort of difficulty.

The members of our profession have been guided by no hasty impulse in expressing their judgment, but by a deep sense of duty as they believed the honor of our State and the good of its citizens demanded. If our rulers would have the honor and respect which is usually their due, they must prove themselves worthy of it.

Annual Meeting June 28-30, 1910

We gladly give space to the communication of Dr. Alexander Marcy, Jr., on page 39, and ask for it the careful consideration that its importance demands. We need to add no comments, as every reader of the Journal knows, from the position we have taken in several issues of the Journal, that we are in full accord with the sentiments Dr. Marcy expresses. What we ask and urge is, that every member of the profession in our State shall not only carefully consider the situation, but also practice what good judgment and wise consideration of the profession's interests require to adequately meet its needs.

We have received an excellent paper read by Dr. Richard Slee, before the Bergen County Medical Society recently, on "The Production and Use of Vaccine Virus;" also a report of three cases of Bullet Wounds of the Abdomen, by Dr. F. R. Haussling, Newark. These will appear in our next issue.

THE REMEDY—LEGISLATION.

From *Northwest Medicine,* Seattle, Wash.

How stop it? That is the all-important question. With enforced education the osteopath became far less dangerous to the public, and, as a competitor, to the physician. In many instances the best of them have taken the regular course in medicine, signalizing to the public their own recognition of the inefficiency of their former system. But the imitator of this particular pathy is in no danger of bringing distrust upon his guild by any attempt at education. He must be legislated out of existence or made to fulfill drastic requirements, which for him means the same thing. This can be done in but one way, by the united action of the physicians of the State. It will be an easy thing to secure a good Practice Act if every physician in the State will endorse it. Legislators look to united constituencies for direction and heed only united factions. Is it not strange that physicians, possessing intelligence, education, refinement and money (sometimes) find more difficulty in obtaining just legislation than almost any other class? Is it not because each possesses his own theory of the best means of regulating practice and is willing to urge his own to the exclusion of united effort? Each may be like a brilliant football player who is a menace to his team because he refuses to follow team play. Let us get together. Let us leave our legislative matters to our legislative committees. Let us endorse their plans, placing our trust in the men selected for this work because of special fitness or training. Let us urge them to renewed effort by renewing our confidence in them and by demanding with one accord that, when their voices are raised in our legislative halls at the next session of the law-making bodies, their demands shall be answered "Yea, Yea." Thus shall we do our duty to ourselves. But greater than this will be the duty to the public, our best friends, and the real victims of the charlatans and fakirs who wax fat in our midst.

You may not have been appointed a regular delegate to the annual meeting, doctor, but as an associate delegate, you will be just as welcome and you will share with the regulars the credit for the profession's honor and advancement through this year's work of the annual meeting.

Doctors Coming.

From the Atlantic City Review.

The New Jersey Medical Society is to hold its next annual meeting here. It can be said of the doctors that they "practice what they preach" in regard to Atlantic City. They send their patients here to recover and they believe so much in the prescription that they like to take their own medicine frequently. The doctors will be here in June.

Doctors of the New Jersey Medical Society will convene here in annual meeting, in June. At a meeting of the Executive Committee of the Association in this city, on Thursday, the Chalfonte and Haddon Hall were selected as headquarters for the physicians. The members of the committee of arrangements are Drs. Waddington, of Salem, State President; Dr. Chandler, of South Orange, State Secretary; Dr. H. A. Stout, of Wenonah, Dr. H. G. Miller, of Millville, and Dr. W. F. Ridgway, Dr. William Darnall and Dr. Edward Guion, of this city.

The State Society will be in session during the last three days of June, and the recent imbroglio at Trenton, over the passage of the Osteopathy bill, during which Governor Fort insulted the physicians of the State by personally attacking Dr. Halsey, a former president of the State Association, is likely to figure largely in the deliberations. It is said that the several hundred members of the association regarded the Governor's attack upon Mr. Halsey as a personal matter to be resented by the most vigorous action possible.—From the Review.

144th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY.

Preliminary Announcements.

The Board of Trustees of the Medical Society of New Jersey will meet in the Hotel Chalfonte on Monday evening, June 27th, at eight o'clock, for organization and the transaction of very important business, by order of Charles J. Kipp, M. D., president.

David C. English, Secretary.

The opening session of the society will be held in the Hotel Chalfonte, on Tuesday morning, June 28th, at 10:30 o'clock. It will be a meeting of the House of Delegates for the transaction of business.

The following orations, addresses and papers will be presented at the general sessions of the society:

Oration in Surgery, by John B. Deaver, M. D., of Philadelphia. Subject: "When and by Whom Should Surgery Be Advised?"

Oration in Medicine, by W. Golman Thompson, M. D., of New York City. Subject: "The Broader Aspects of the Science of Medicine."

The President's Address, by B. A. Waddington, M. D., Salem.

The Third Vice-President's Address, by Norton L. Wilson, M. D., Elizabeth.

Original papers as follows:

Empyema, by Dr. Irwin H. Hance, Lakewood.

Relation of Water to Malarial Fever, by Dr. John Walters, Wharton.

Acute Pyelitis in Children, by Dr. George B. Philhower, Nutley.

Medical Expert Witness; The Alienist or an Expert Witness, by Dr. W. H. Hicks, Newark.

Personal Experiences in Renal and Urethral Surgery, by Dr. G. N. J. Sommer, Trenton.

The Nasal Accessory Sinuses and the Eye, by Dr. G. Harold Ward, New York City.

The Relation of the Public to, and the Obligation of the Physician in the Development and Spread of Bacterial and Epidemic Diseases, by Dr. Philip Marvel, Atlantic City.

Surgical Mishaps, by Dr. Frank D. Gray, Jersey City.

Military Hygiene and Sanitation for Troops When in the Field, by Major Henry Allers, M. D.

The Early Recognition and Diagnosis of Organic Disease of the Nervous System, by Dr. W. M. Leszynsky, New York City.

Adenoids; Their Influence upon the Mental Condition of the Patient, by Dr. Joseph Koppel, Jersey City.

There will be a conference of county secretaries held during the sessions of the annual meeting, the time of which will be announced later.

A full program will be sent to the members of the society about the middle of June.

The Committee of Arrangements is making adequate preparations for the comfort and enjoyment of the attending members and the ladies accompanying them, at the Hotels Chalfonte and Haddon Hall.

Correspondence.

April 12, 1910.

D. C. English, M. D., Editor:

Dear Doctor.—Enclosed is an anonymous letter. It calls attention to the fact that so many of the medical profession are not prompt in their diagnoses or else have not the courage to inform their patients. There is a great deal of truth expressed in this letter and I think perhaps its publication might appeal to the physicians of the State and help us in the tuberculosis fight. Yours truly,

G. K. Dickinson.

Dear Sir.—In the effort that is now being made to prevent tuberculosis, I wish to call your attention to the fact that as long as doctors don't tell their patients in the beginning of this disease of their condition, how will it ever be wiped out? My daughter caught a cold a year ago and we went to three different doctors, none of whom mentioned lung trouble; as she got worse we went to the fourth doctor, who said she had tuberculosis and it was then too late to save her. We sent her to a sanatorium at once, but too late, and we expect her to pass away any day. Before we knew what her illness was she had been sleeping with a younger sister, and using the towels, dishes, etc., with the family, because we did not know of her condition.

There ought to be a law passed compelling doctors to tell their patients of the first symptoms of this dread disease, otherwise how are the people to know what to do in such cases? If they don't believe in telling the patients, the parents or guardians ought to be told. If this case had been treated right in time she could have been cured, so the last doctor told us. Hoping this will be of future aid for the sufferers in the prevention of this dread disease.

Sincerely,

A Mother.

Bayonne, April 7, 1910.

Why We Fail to Win Highest Success.

Riverton, N. J., April 30th, 1910.

Dear Doctor English:

Apropos of recent happenings and in an endeavor to place the responsibility for the humiliating position that we find ourselves in, I have arrived at the following conclusions:

First—We ourselves are to blame, it being due to sins of omission rather than of commission; and, second, unless we mend our ways, we will experience again and again disappointment and defeat.

I want to call attention to two factors which, I believe, are largely, if not entirely, responsible for the unenviable position which we occupy at this time.

The first is the want of solidarity in the profession. The absence of this oneness of purpose is so painfully apparent that one wonders how we have accomplished anything at all in advancing the cause of medical education, of raising the standard of medical practice, or improving the conditions under which most of us live. That we have been able to do something is history and was due to the fact that our cause was just; but more particularly because a few heroic, noble men planned and worked and

fought for the betterment of conditions as well as for the improvement of the medical profession.

There is no body of men on earth that could accomplish as much as could the members of our profession if we were of one mind, or acted as a unit in our efforts to better the condition of our fellow men, and while we have accomplished much, there is so much more that we might have done that we stand indicted before the bar of public opinion.

The medical profession as a whole always stands for what is right, always advocates that which is for the best interests of the people generally, but falls short of fulfilling its highest destiny on account of indifference on the part of so many of its members. We never work for purely selfish ends, our purposes are always altruistic, our ideals are high, but we lack in unity of purpose, in organized effort; consequently we fail in accomplishing many of the things that we undertake, and this is not because our cause is not just or right, but because the great body of medical men leave it to a few to fight the battles of reform, while they sit still and do nothing, and sometimes even worse than this—actually place obstacles in the way, and for this reason we are years in accomplishing what should be done in months.

Do you believe for one moment that if the medical profession of New Jersey were a united body of men, active and aggressive, we would have had to continue the fight for the regulation of osteopathy for so many years, with our Legislative Committee worn out in their efforts to rally the entire body of medical men to their support, and this in spite of the fact that our State Society and all its members are pledged to help them? Do you believe for one moment that if our profession were a unit this or any other Governor would dare to insult, and villify, and accuse, the representative men of our body? No, a thousand times no, and yet it happened, and will happen again unless we awake to the fact that each and every member of our great guild must push and work for a common end. Such things cannot be delegated to a few; every individual must bear his full share of the burden, and all must work and toil if we would accomplish our great mission.

Partisan politics is the curse of the age in which we are living, and is in a measure responsible for the undoing of our professional efforts on behalf of the people. As a body of professional men we should know no party nor policy excepting it were for the best interests of the whole people, for the uplifting of humanity and the lessening of their burdens—both physical and moral. And how can this solidarity be brought about, you ask? In answering this question I take up the other fault to which I have referred, and by overcoming this we can, in a measure at least, hope for greater unity and more perfect organization. Mediocrity is one of the great drawbacks to the medical profession. There are too many men of moderate ability practicing medicine, and this not from necessity but from choice, simply because they will not take advantage of their opportunities, do practically no graduate work, attend few if any medical meetings, and make no attempt to keep in touch with the advances which are being constantly made in the science and art of medicine. This, coupled as it often is with a low moral standard, makes the medical man take a lower place in the community than he should.

No one should stand on a higher plane in the community than the physician, for who is there that is charged with greater responsibilities than he, or on whom is laid greater burdens? Who comes into such confidential relations with the people, sharing alike their joys and their sorrows, often even assuming their obligations, making the affairs of his patients his very own? No other man, be he professional or lay, will or can do so much. For this very reason the physician should be the marked man in the community—the leader, the teacher, the exampler. He should be the one man who can always be depended on to further the best interests of all the people, all the time, and in order to do this he must be no ordinary individual. Therefore, he must start right—be above the average mentally, morally and physically, but, more than this, he must continue right increasingly developing in all directions, becoming more and more conspicuous as a leader in his community. This can only be done by hard, continuous, persistent, unselfish work, by consecrating ourselves to the higher ideals of professiounal attainment, ever onward and upward but never reaching the goal.

One Man only reached the perfect manhood, but even though we cannot do this, we can pattern our lives after His, come as near perfection as is possible, and then, in our failure to attain it, we may at least merit the commendation of our Lord and Master when He says to us, "Well done, good and faithful servant, enter thou into the joy of thy Lord."

Sincerely yours,

Alex. Marcy, Jr.

Dr. Halsey Returns Thanks.

Williamstown, May 24, 1910.

Editor of the Journal:

The chairman of the Committee on Legislation desires to express to the county societies and the individual members his thanks for the very strong endorsement of his action during the past session of the Legislature and particularly during the hearing on Assembly Bill No. 156, before the Governor. The insulting language of the Governor, the chairman thinks, was a direct thrust at the medical profession of the State, and it was fitting that the component societies should resent it.

I trust that out of this evil much good may come, i. e., in strongly cementing the profession and with a renewed determination on the part of us all to pass a medical bill with a high standard and a continuation of our work in safeguarding the lives of the people of this Commonwealth.

Very truly yours,

L. M. Halsey.

We regret to hear as we go to press of the sudden death of Dr. Calvin Anderson, Mayor of Madison. He was a greatly esteemed man, an able physician, an excellent mayor, serving his second term. An obituary notice of him will appear in our next issue.

Editorials from the Lay Press.

Physician on a Long Jaunt.

From the Newark Evening News, May 16.

"Any man can be a Weston if he wants to," declared Dr. Richard C. Newton, of 42 Church street, Montclair, this morning. The statement was made by the physician after a practical demonstration of his own power of endurance as a pedestrian. He had walked from Market and Broad streets, this city, to North Philadelphia, a distance by the route taken, of more than ninety miles. He did it in just twenty-two hours. Fully one hour of this time was spent in restaurants, so that his average speed was about four and one-half miles an hour.

The physician left the "Four Corners" at 11:10 o'clock Thursday morning and arrived at the North Philadelphia Station at 9:10 o'clock yesterday morning. He returned to Newark about 4 o'clock yesterday afternoon and went to a Turkish bath before returning to his home.

The amateur pedestrian said this morning that he felt no stiffness at all as a result of his exercise, but that there were several blisters on the soles of his feet which caused him some discomfort. The route followed, the doctor said, led through Elizabeth, New Brunswick, Princeton and Trenton. Trenton was reached about 2 o'clock yesterday morning. Short stops were made at all four places for the purpose of refreshing the inner man.

Just at the outskirts of Elizabeth, Dr. Newton says, he overtook a young man who gave his name as Louis Fishben. He exchanged a greeting with the young fellow and asked him where he was going. Fishben told the doctor that he also was bound for Philadelphia. From that point the two kept company until a few miles west of Trenton, where Fishben broke down.

Fishben, the doctor says, told him that he had worked as a garment maker in a New York sweat shop until his health had broken down. He had then begun taking walks by means of which exercise he had almost recovered. It was Fishben's intention to spend several days with relatives in Philadelphia and then walk back to New York.

There was no one on the road early yesterday morning of whom inquiries about the route from Trenton to Philadelphia could be made, and the result was that the doctor lost his way after crossing the Delaware. He finally met a trolley employee, who put him right, but he was compelled to retrace his steps for several miles.

It was the doctor's intention to make the journey from Broad and Market streets, Newark, to Broad and Market streets, Philadelphia, in twenty-four hours. He did not proceed to the latter point because he considered he had proven to his own satisfaction his ability to make it when he reached North Philadelphia.

Dr. Newton is fifty-nine years old. He is a graduate of Harvard University, one of the founders of the Harvard Club of New Jersey, and was the club's president for the year ending April, 1909. He has long practiced in Montclair. He is an advocate of a sparse diet with plenty of exercise, and persistently practices what he preaches.

"I am a better man to-day than I was twenty years ago," Dr. Newton said this morning. "And when I reach Weston's age I will be able to accomplish what he has just done. I never drank or smoked excessively, but for the past five years I have neither smoked nor drank intoxicating beverages at all.

"I eat two simple meals each day, and always eat whole wheat or graham bread. Until I began my present diet I had to take medicine constantly. For the past five years I have felt my strength and powers of endurance constantly increasing, and I assign the reason to my frugal and abstemious habits."

The doctor says that he has made several pedestrian trips to New York, Morristown, Newark and other places within a radius of twenty-five miles of New York during the past winter. The trip to Philadelphia was simply made, he says, as a test of his qualities of endurance.

Beware, O Ye Doctors.

From the New York Tribune, May 16, 1910.

B. O. Flower, of Boston, came to town yesterday. He came prepared, too, copying the method of Prince Tokugawa, the illustrious Japanese who left here last week, with a "canned" interview, which he had dictated and which was typewritten, and which he handed out eagerly to every one who called at his office in the Metropolitan Building and made a noise like a reporter.

Mr. Flower announced that he was strongly opposed to doctors, at least to all the doctors of America who were members of the American Medical Association, and as Flower said himself that a great majority of doctors were in the association it was apparent right at the start that he was in for a big fight, and didn't blanch at the prospect.

Speaking generally, Mr. Flower says that doctors charge too much and are aiming at political influence, but particularly, as he candidly confessed, his objections were that doctors other than those of the allopathic school were not recognized sufficiently, and that the Owen bill, now before the Senate, contemplated a still greater recognition of that school. Flower is not a doctor of any school, but he admits that he has had a leaning since childhood to the homeopaths.

On the door of his office in the Metropolitan Building is inscribed "The National League for Medical Freedom," and Mr. Flower's carefully prepared interview states that the league was formed for the purpose of fighting the proposed establishment of a national health bureau.

This bureau, which would be created by the Owen bill, Mr. Flower declared, would intrench in power the "doctors' trust."

One insurgent interviewer, departing entirely from the rules of the "canned" interview, wanted to know what the doctors' trust was, and Mr. Flower interjected the explanation that it was the great body of doctors who charged for their visits.

"Why," said Mr. Flower vaguely, and with a wide, sweeping gesture, "all those doctors who charge the poor men for their visits charge them a fixed price, no matter how poor they are—the patients, I mean."

The opening sentence of his "interview" claimed for the new league the membership of homeopaths, osteopaths, Christian Scientists, and anti-vivisectionists, and gave a list of mem-

bers of the advisory board, made up chiefly of residents of Chicago, Kansas City and other Western cities.

His little philippic teemed with such gentle expressions as "medical autocracy," "engine of oppression," "monopoly seeking medical men," "despotism in medicine," and it seemed as Mr. Flower talked on that the doctors of the country were pretty close to carrying away the National Treasury or something like that.

However, as he continued, it appeared that there was no fear of that as long as the National League for Medical Freedom, organized yesterday, was in the field. Incidentally, President Flower stated for the league that the new organization was well equipped with funds to carry on the fight.

Senator Robert M. Owen, of Oklahoma, who introduced the bill which contemplates the establishment of a national health bureau or department, when seen yesterday did not seem to be unduly excited about the possible opposition threatened by Mr. Flower's league.

"That kind of talk is all nonsense," said Senator Owen. "There is nothing in it. My bill doesn't contain a word about curtailing curative methods; it seeks only to further preventive methods."

Mr. Flower admitted unblushingly that he was the leader of the third great movement of the world's history.

"There was the political movement for democracy in politics and the religious movement for democracy and toleration in religion, and now the medical movement for democracy in medical matters," he explained, and when he was asked about the formation of the new league he pictured it as a sort of spontaneous movement against the awful tyranny of the doctors.

"I was asked to take the presidency," said Mr. Flower, of Boston, "and I took it."

Medicos Flay the Governor.

From the Newark Evening News, May 10, 1910.

Criticism of Governor Fort was expressed by several speakers at a meeting of the Essex County Medical Society in the Free Public Library last night. The basis of the physicians' complaint was the Executive's veto of the Ramsay osteopath bill and what was termed his ungentlemanly and unjust treatment of the medical profession of the State and of individual practitioners while the measure was pending.

The physicians sided unanimously with Dr. L. M. Halsey, who had been the chief representative of the profession at a hearing on the bill, at which a question of veracity arose between the doctor and Mr. Fort.

Resolutions were adopted indorsing the bill, Assembly 156, which was killed by the Governor, and placing on him the responsibility "for this State's failure to require reasonable educational qualifications of those now practising or who may hereafter begin to practice osteopathy in this State." The minute also expressed confidence in Dr. Halsey and appreciation of his work.

James Taylor Lewis, counsel for the New York society, who assisted the Essex society at Trenton, and Dr. William E. Ramsay, of Perth Amboy, Assemblyman from Middlesex County, who introduced the bill, were the speakers who condemned the Governor in positive terms. They declared that Mr. Fort had showed partiality toward the osteopaths, and that the physicians had been unfairly treated by the abrupt ending of the hearing on the bill. When it came to the question of veracity, the speakers declared they would prefer to believe Dr. Halsey rather than the Governor.

The 200 physicians who attended decided to continue their fight for the regulation of the osteopathic profession.

A portion of the resolution reads:

"Resolved, That we individually and collectively protest against the insult offered to the whole medical profession by the Governor at the public hearing over which he presided in his official capacity as the chosen Executive of the people, by the unjust and personal attack upon the integrity of the chief representative of the Medical Society of the State of New Jersey, Dr. L. M. Halsey."

Himself as the Patient.

Governor Fort is said to believe in osteopathic treatment, and this fact influenced him to veto the State Medical Association's bill. Certainly he has submitted himself to a very thorough course of thumping, pummeling and massage since, at the hands of the old school's practitioners.—Newark Evening News.

Diabetes.

As is true of all diseases, this could be more successfully treated if we knew in each instance its exact etiology. It is not necessary to rediscuss the known disturbances that cause glycosuria, but Dr. Alfred King, of Portland, Me. (New York Medical Journal, July 3, 1909), terms this disease infectious, and states his excuse for such a classification to the fact that he has found, in sixteen patients suffering with this disease, the yeast fungus (Saccharomyces cerevisiae) in the blood. He takes a drop of blood from a finger which has been made sterile, and not only finds the yeast fungus under the microscope, but has been able to grow the fungus in culture fluids. His method may be learned from his article. He has also found by a study of the opsonic indices that when the patient is doing well his opsonic index is high; when the patient is debilitated, miserable, and losing ground, his opsonic index is low. He has also found that hypodermatic injections at intervals of from three days to a week of from 5 to 15 minims of the fluid produced by a twelve-hour growth of the fungus (of the strength of 100,000,000 of dead fungi in 15 minims of sterile salt solution) have raised the opsonic index and improved the condition of six patients.

King allows some starchy foods, as a little oatmeal, half a slice of bread, or a small potato, with each meal.

From his investigations King says: "Because diabetes is a disease of fermentation; because the yeast fungus is often found in the blood; because its actions explain all the symptoms as well as the pathologic conditions; because the patients show a disturbed power of resistance to this fungus; and because this lowered resistance is increased by treatment with vaccine, I believe this yeast fungus is the cause of diabetes, and that it should be treated as an infectious disease." He thinks this fungus may be removed

by the use of antiseptics, but he has not yet learned how to do this.

His general treatment by diet, for the amelioration of symptoms, and the condition of acidosis are the same as are so well understood.

This interesting discovery by King should stimulate physiologists to a general study of the frequency and constancy of the yeast fungus in the blood of diabetics.—A. M. A. Jour., October 16, 1909.

Diet List for Diabetes Mellitus.

Dr. James Tyson, in the Univ. of Penn. Medical Bulletin, gives the appended list for mild cases of diabetes mellitus, in which it is not difficult to eliminate the sugar from the urine.

Shellfish—Oysters, mussels and clams, raw and cooked in any style without the addition of flour.

Fish of all kinds, fresh or salted, including lobsters, crabs, sardines and other fish in oil; fish roe, caviar.

Meats of every variety except livers, including beef, mutton, chipped dried beef, tripe, ham, tongue, bacon and sausages; also poultry and game of all kinds, with which, however, sweetened jellies and sauces should not be used.

Soup—All made without flour, rice, vermicelli or other starchy substances and without the vegetables named below as not allowed; animal soups not thickened with flour, such as bouillon, beef tea and broths.

Vegetables—Cabbage, cauliflower, Brussels sprouts, broccoli, tomatoes, green string beans, the green ends of asparagus, spinach, dandelion, mushrooms, lettuce, endive, coldslaw, olives, cucumbers, fresh or pickled; radishes, sorrel, young onions, watercress, mustard and cress, turnip tops, celery tops, artichokes, gherkins, okra, parsley, or any other green vegetables.

Fruits—Cranberries, plums, cherries, gooseberries, red currants, strawberries, acid apples, lemons, oranges sparingly—all without sugar. Acid fruits may be stewed with the addition of bicarbonate of sodium or saccharin instead of sugar (see below).

Bread and cakes made of pure gluten flour, aleuronat flour, soya flour, peanut or without eggs and butter. Griddle cakes, pancakes, biscuit, porridge with cream. Where especial stringency is required the last should be altogether omitted.

Eggs in any quantity, and prepared in all possible ways, without sugar or ordinary flours.

Butter and cheese.

Nuts—All except chestnuts, including almonds, walnuts, Brazil nuts, filberts, pecan nuts, butternuts, cocoanuts.

Condiments—Salt, vinegar and pepper in moderate quantities.

Jellies—None except those sweetened with saccharin. Jellies may be made of calf's foot or gelatin, and flavored with wine.

Drinks—Coffee, tea and coca nibs, with milk or cream, but without sugar; also milk, soda (carbonated) water, and all mineral waters freely; lemonade without sugar, acids, wines, including claret, Bordeaux, Rhine and still Moselle wines, very dry sherry, unsweetened brandy, whiskey and gin. No malt liquors, except those ales and beers which have been long bottled and in which the sugar has largely been converted into carbonic acid and alcohol. Saccharin may be used for sweetening tea and coffee.

To Be Especially Avoided—Cantaloupes, watermelons, peaches, grapes and other sweet melons and fruits; sweet potatoes, rice, beets, carrots, turnips, parsnips, peas and beans; all vegetables containing starch or sugar in any quantity; sweet wines, including sherry, Madeira, port and champagne.

Dyspepsia Senile: Treatment of.

Dr. W. S. Fenwick, in The Lancet, November 6, 1909, states that the treatment of this condition is essentially that of achylia gastrica and atrophy of the stomach. Mastication must be performed in an efficient manner, and new teeth should be inserted when necessary. The state of the mouth requires careful attention, and a wash composed of Condy's fluid, boric acid or other antiseptic should be employed after each meal. Special precautions must be taken to protect the patient from exposure to cold, and it is advisable that a woolen or flannel belt be worn next to the skin of the abdomen, both summer and winter. Fluids always increase the tendency to flatulence, and consequently beef tea, broths and soups should be avoided, and only a small quantity of hot water be allowed at the end of the principal meal. Tea always disagrees, and the various sweet preparations of cocoa are apt to excite gastric fermentation, but a palatable beverage may be prepared from the cocoa nibs or husks. Some individuals are able to take coffee without discomfort. The addition of a tablespoonful of brandy or whiskey to the hot water taken after meals is often of value in allaying the epigastric distension, but wines, malt liquors and effervescent drinks must be avoided. Raw milk should be prescribed with caution, and in most cases it requires to be diluted with lime water, mixed with citrate of sodium or peptonized, before the patient can digest it. The fact that subacidity always exists renders it necessary to restrict the diet to finely-minced white fish, chicken, game, brains, tripe, sweetbreads, calves' feet, eggs and scraped or pounded raw meat. Green vegetables and raw fruits always increase the indigestion, but cauliflower, seakale, stewed celery and asparagus may be given in moderation, or a baked apple may be taken with the midday meal. Toast is preferable to bread, while buns, cake and pastry must be prohibited. Fats may be allowed in mild cases, and codliver oil is often of much benefit, but in advanced cases fatty substances are apt to produce nausea and diarrhoea. The various digested and semi-digested cereal foods, maltine and senatogen help to vary the diet, but barley, oatmeal and rice must be given with caution.

The main indications for medicinal treatment are to correct the subacidity and to relieve the flatulence and constipation. For deficient digestive power of the stomach it is customary to prescribe dilute hydrochloric acid after meals in combination with pepsin, papain or other artificial digestives, but when given in the ordinary way the mineral acid seldom produces any good effect, while pepsin and its allies are useless. A better plan is to administer 6 ounces or more of a 0.05 per cent. solution of hydrochloric acid, combined with one and a half drams of glycerine, twice a day after the principal meals. As a

rule, the best aid to gastric digestion is to be found in the administration of lactic acid bacilli in the form of Metchnikoff's sour milk. If this is properly prepared, and a tumblerful be taken with the meals each day, many of the dyspeptic phenomena vanish after about a fortnight, and the flatulence is greatly relieved.—Med. Rev. of Reviews.

Epilepsy, Treatment of.

Speaking of epilepsy, Dr. J. Taylor, in The Lancet, London, February 5, 1910, says that bromid is, of course, the most useful drug we have for this disease. For a case of epilepsy in which the attacks occur indifferently at any time during the 24 hours it is best to give it in good doses—from 15 to 25 grains—three times daily. In many cases, however, the fit occurs only during sleep, and in these it is best to give a fairly large dose of bromid—from 30 to 40 grains—at bed time. In such cases it is well to combine with the bromid a small dose of digitalis. In all cases in which Taylor gives bromid he also gives nux vomica. If this rule is followed, he says, one will not see the condition of profound depression which occurs when bromid of potassium alone is used. The nux vomica does not interfere with the effect of the bromid in controlling the fits.

There is a class of cases in which the fits tend to occur nearly always in the early morning—very often while the patient is dressing—and these are most efficaciously treated by advising the individual to have an early cup of tea or milk, followed by a dose of a bromid mixture, half an hour before getting out of bed. This simple expedient is often successful in getting rid of troublesome fits. Should it happen only to move them to some other part of the 24 hours they must be pursued to their new time and similarly treated.

In many cases, especially long standing cases in which the patients have been treated with bromids, the addition of borax is sometimes followed by gratifying results. Belladonna also is useful, sometimes alone, sometimes with bromid, especially in cases of petit mal, which, unfortunately, are in Taylor's experience less tractable than the severer cases.

Of bromid salts, he nearly always uses either the sodium or strontium salt—practically never the potassium, which has no advantages over the others, is much more depressing, and certainly tends to the production of acne. Bromid of strontium has the advantage that it has little tendency—in most patients none—to produce acne. Bromid of zinc can only be used in small doses, as it is emetic in larger ones, but it seems to be useful in some cases of petit mal.

Epilepsy in Relation to Menstruation.

A study of twenty-three cases has convinced Gordon of the undeniable relation of epileptic seizures to menstruation; absolute freedom from attacks in the intervals between menstrual periods; apparently perfect integrity of the ovaries and still occurrence of epileptic fits immediately before or during menstruation; inability to control the fits with the usual bromide treatment; good, and even excellent, effect of thyroid extract. The thyroid extract was given between the mentstrual periods and bromides without thyroid only a few days before menstruation.—New York Medical Journal.

Insanity; Acute, Treatment of.

In the Journal of Mental Science for July, 1909, Archdale says in regard to sedatives and hypnotics that since in a case of acute insanity we believe the plasma to be already loaded with toxins, we should avoid adding more in the shape of the active principles of narcotic drugs. But sometimes the symptoms have of themselves a markedly injurious effect on the general condition, forming, indeed, part of a vicious circle, and in such cases symptomatic treatment is thoroughly justified. In fact, in some cases of acute insanity sedatives have a decided curative value, our objects in giving them being to reduce peripheral stimulation of the senses, to subdue depressing emotions, and to rest the nervous symptom. If these objects can be attained without the use of drugs so much the better.

In giving sedatives we should be guided both by the mental symptoms and by the weight. A sedative will often sustain the weight better than an addition to the diet, and may be useful in any variety of emotional excitement, whether the patient is exalted or depressed.

The sedatives used by the author are chiefly sulphonal, a mixture of chloral and potassium bromide, potassium bromide alone, and hyoscine. If he wants a hypnotic action alone he gives paraldehyde, or a mixture of this with potassium bromide.

Sulphonal is a very useful sedative, the quieting effect lasting some days. The author prefers to give it in a single dose—30 grains, for example—in the afternoon rather than in divided doses, or he gives 30 grains twice during the first day. It should not be given continuously for more than a few days, and its use should be confined to patients in bed. The ill-effects — ataxia, hematoporphyrinuria, and anemia—are chiefly seen in patients who are going about and using their muscles.

A mixture of chloral and bromide makes a good sedative, useful particularly for its early effect. Potassium bromide is very useful in a variety of cases, but it is not uncommon for it to set up dyspepsia and loss of weight. The smaller doses of 10 to 15 grains, three times a day, the author often finds a great help. He asserts he has had no experience of the substitution of sodium bromide for the common salt taken in food—a method of giving bromide found very effective in epilepsy.

For a case of very acute excitement with excessive motor activity and violence, a hypodermic of 1/200 to 1/75 of hyoscine may be given at once. This will relieve the most pressing symptom and give time for other treatment to take effect. It is, however a dangerous depressant, and should only be used when urgently needed.

Under the rest and fresh-air treatment in most cases sedatives can be dispensed with in a very short time, and the more perfectly this treatment is carried out the less need is there for the use of sedatives.

Paraldehyde the author finds very useful as a

pure hypnotic, the usual dose being two drachms, with at least four to six ounces of water and a little syrup. It should not be given for many nights in succession, and its effect is much increased by the addition of 30 grains of potassium bromide.—Therapeutic Gazette.

Hemoptysis, Treatment of.

Dr. J. E. Squire, in Clinical Jour., London, June 16, 1909, concludes as follows: If the smallest amount of blood staining is noticed in the sputum it should be looked on as a danger signal, and the patient ought at once to be put to bed. Calomel gr. ij, iij or iv, should be given, depending on the patient, followed in the morning by ʒj or more of magnesium sulphate; if necessary, this may be repeated in the day. The patient remains in bed for a couple of days, taking the magnesium sulphate each morning, and if no more staining appears he is allowed to get up, beginning with two or three hours the first day. If the staining continues while the above treatment is given the amount of milk may be reduced to one pint daily, and the patient is, of course, kept in bed till the sputum is clear for at least three days. Acute hemoptysis is treated by propping up the patient in bed. Amyl nitrite, minims 10 to 15, is inhaled. In a slight hemorrhage this is usually sufficient. Smaller amounts than 10 minims do not usually have much effect. In larger hemorrhages, particularly when the nose gets blocked up with blood, it may be necessary to put from 30 to 60 minims on a piece of lint and hold it over the patient's mouth. In some cases, this has been repeated, and the only complaint the patient made was that it produced a feeling of nausea. Turpentine (m. xxx to lx) may be used as an inhalation when amyl nitrite is not at hand, or spirits of turpentine (m. x to xxx) may be given internally and repeated. Morphin has been given with good results in slight cases; its action is probably due to the relief of anxiety from the sedative, with consequent quieter action of the heart. Adrenalin (m. v of a 1 to 1,000 solution) has been injected. It is said to be useful in cavity cases where it is likely that the hemorrhage is due to the erosion of a medium-sized vessel. On the other hand, it is said to be contraindicated when the hemorrhage is from a ruptured vessel, but is useful in congestive hemorrhage. It should be a general rule that when the hemorrhage is large and the cavity is known to be present, the patient should be made to lie on the side on which the cavity is located. Subsequent to acute hemorrhage the patient is kept in bed, if possible, propped up a little. Purgatives are given, beginning with calomel (gr ij to iv), followed by magnesium sulphate, one, two or three times daily; the amount and time must depend on the patient's condition. Milk, one pint, must be given in twenty-four hours, and all other fluid cut off as much as possible, and the patient fed on solids. In some cases calcium lactate, gr. xv, has been given thrice daily for three days and then omitted for three days, and so on. Or calcium chlorid (gr. x to xlv) in water or milk, every four or six hours, may be given in a similar manner. These calcium salts increase the coagulability of the blood and thus tend to check hemorrhage. It is not wise to examine the chest too fully or too frequently during or immediately after an attack of hemoptysis.

Measles, Treatment of.

M. J. Halle says that while measles is not a severe disease in the family where isolation is possible and hygiene can be carried out, it is a fatal disease where this is not possible. The important measures in its treatment are all hygienic; isolation in a moderately light room, with plenty of fresh air, daily spongings and changing of the clothes, washing of the eyes with a mild boracic acid lotion, and cleansing of the nose, throat, mouth and vulva. Diet should be bland and purgatives avoided, since diarrhoea is a frequent symptom. The cough should not be abolished, but softened by ammonia. The child should remain about ten days in bed. In complicated cases prompt treatment is needed. When there are symptoms of suffocation cold baths are useful. In the rare hemorrhagic cases tonics and strychnine are indicated. When there is hyperpyrexia warm baths may be substituted for cold, according to the reaction. In bronchopneumonia, or when it is threatened, warm baths or compresses should be used. In adynamic forms mustard baths are valuable. Diffusible stimulants are demanded and injections of camphorated oil are valuable. Laryngitis demands warm steam sprays in the room. Ear complications should be forestalled by warm instillations into the ears.—La Presse Medicale.

Nephritis, Dietetic Treatment of.

Dr. Floystrup, in Ugeskrift for Laeger, Copenhagen, expatiates on the great importance of recent acquisitions in medical science in respect to the elements that favor nephritis. It is evident that the dietetic regulations must be different according as the nephritis is acute or chronic parenchymatous or chronic interstitial nephritis. These three main groups of nephritis differ in their pathologic anatomy, the functional capacity of the kidneys and the treatment required, but the difference is most marked, perhaps, in regard to the diet indicated in each. Experience has demonstrated that uremia is most liable with interstitial nephritis, contracted kidney, while dropsy is most liable to accompany the parenchymatous form. The development of uremia is promoted by ingestion of albumin while dropsy is promoted by ingestion of salt. The indications therefore with interstitial nephritis are to restrict as much as possible ingestion of meat, eggs and albuminous substances in general, while with parenchymatous nephritis all that is necessary in this line is to limit the intake of salt. In acute nephritis there is a tendency to both parenchymatous and interstitial disturbances, and consequently the diet should exclude both albuminous substances and salt. Milk is useful on this account, but he warns expressly that a strict milk diet is injurious if kept up for more than 6 or 8 days at longest. It may also prove useful in the acute exacerbations observed in the course of chronic nephritis, but it must be borne in mind that it represents always undernutrition which cannot be relied on for more than a brief period to tide the patient past some acute phase.

Puerperal Eclampsia.

A very useful adjuvant in the control of puerperal convulsions is an enema of about four ounces of starch-water holding 2 grams (30 grains) each of potassium bromide and chloral.

It may be repeated in three or four hours. In rare instances it will completely arrest the paroxysm.—Am. Jour. of Clin. Med.

Pruritus Ani, Ointment For.

℞ Phenol ..... gr. xx
Calomel ..... ʒj
Tar ..... ʒj
Menthol ..... gr. x
Zinc oxide, very fine..... ʒj
Petrolatum ..... ʒvj
Lanolin ..... ʒij

Bathe with water as hot as can be borne and apply twice daily.—Critic and Guide.

Scarlet Fever.

Early in the disease Wiest begins to give the following:

Tr. digitalis (fresh)..... ʒss
Liq. ammon. acetatis (fresh)..... ʒiss
Spt. etheris nitrosi..... ʒij
Syr. tolutani..... ℥ss
Aquae cari ..... ℥ss

M. Sig.: Teaspoonful every three hours.

For the itching, Shollenberger uses an ointment having this composition:

Menthol ..... gr. x
Ung. zinci oxidi..... ℥ss
Lanolini, q. s. ad..... ℥ss

M. Sig.: Apply locally.—Med. Record.

Sore Nipples, Prevention and Treatment.

A word anent the prevention and cure of sore nipples is always in order. The most important essential in prevention is proper care of the baby's mouth, for the organisms which enter the nipple cracks and set up mastitis are derived in the main from the infant's mouth, an ideal breeding place for germs unless kept freed from them. The child's mouth should be washed with boric acid solution before each nursing, cotton wrapped around the little finger being used for this purpose. After a nursing the nipple should be washed with the boric acid solution and either rubbed over with cacao-butter or painted with equal parts of ol. amyg. dulc. and comp. tr. benzoin. This latter we have found a most excellent application. It must be shaken before using, as the constituents separate. The baby ought not to be put to the breast oftener than every two hours and not allowed to nurse longer than ten minutes, as otherwise the nipples will become macerated and cracking thus be favored directly.

At the time of engaging a confinement case we should be more thoughtful about advising the woman how to care for the nipples beforehand. Very much may be done to get them in shape before delivery. Sunken nipples may be drawn out, massaged and developed most effectively.

Tr. gambir comp. (formerly catechu) is a simple astringent application which sometimes gives good results. Tannin, in one per cent. solution, is an effective vegetable astringent to use for this purpose.

Liquor plumbi subacetatis, or ten per cent. lead nitrate, are effective solutions of the mineral astringent order.

Nitrate of silver is, of course, the oldest standby in this condition. A ten per cent. solution, applied to cracks, heals them and destroys organisms. We think that silver should be used on all cracks more or less, no matter what other application is being used.

A solution of aristol in olive oil—5 per cent.—makes a most efficient application.

We should like to say that we have seen mastitis occur a number of times where no lesion was discoverable upon the nipple, at least to the naked eye. These cases but emphasize the need of the most careful prophylaxis. We are apt to relax our care of the nipples when they seem to be all right.

Nurse the worst of the two breasts every six hours instead of every four. In other words, nurse the better breast twice in succession.—Critic and Guide.

Tapeworm.

The following prescription has given Dr. Capps, of Gulfort, Miss., excellent results:

℞ Olioresin aspidii .....ʒij
Chloroformi .....ʒj
Olii tiglii.....gtt.j
Glycerinae .....q. s., ʒij

M. Sig: To be taken in 2 doses at intervals of an hour.

Capps generally directs his patients to fast for one or two days before taking the medicine; only a little milk or toast is allowed. On the day previous to administering the anthelmintic, a saline cathartic and an enema are given to clear the bowels. The next morning give the above prescription and follow within two or three hours with another saline. This generally succeeds in bringing away the worm. As the treatment is very weakening, however, follow it up with a tonic, containing brandy or strychnin. If the head of the worm is not secured, it will continue to form segments which will ripen and be discharged again within about three months. In this case the treatment is to be repeated. If no segments reappear in the stools after five or six months, the patient may be regarded as cured.

Vaginitis, Treatment of.

A teaspoonful of the following mixture in a quart (litre) of hot water, for a douche:

℞ Solution of resorcin, 2 per cent.,
Solution of salicylic acid, 2 parts per thousand,
Solution of copper sulphate, 3 parts per thousand,
Solution of betanaphthol, 0.25 part per thousand,
Equal parts.

Every other day the following tampon should be introduced:

℞ Salol ..... from 3 to 8 grammes
Glycerin ..... 250 grammes

M. S. Soak a cotton tampon in the above.

Or a vaginal suppository may be used by the patient:

℞ Acetanilid ..... 1.0 gramme
Tannin ..... 0.50 gramme
Extract of krameria..... 0.25 gramme
Sugar of milk.....10.0 grammes

M. To make one vaginal suppository. Cover it with petrolatum before introducing.

Hydrogen peroxide should not be injected into deep infections in loose areolar tissue, as the

expanding gas pushes the infection into the uninfected areas. Its most useful field is in open places.—W., Amer. Jour. of Surgery.

We would caution our readers against adopting a suggestion, which we have recently seen, of ordering injections of tincture of iodine in gonorrhea. To begin with, this drug is not a particularly well established remedy for the local treatment of gonorrhea. In the second place, it is extremely painful when applied to an inflamed mucous membrane. Besides, in the condition mentioned, it will bring about a severe degree of inflammation and an amount of swelling that may result in gangrene. Don't use it!—American Journal of Dermatology.

One of the peculiarities of the medical profession, which the writer has had numerous opportunities to observe, is that a great part of its members has acquired the habit of prescribing solutions of iodide of potassium to be taken after meals. Whilst it is true that the salt acts under these conditions, it is equally a fact that the same dose will act better if it be taken before meals. This is easily explained if we but remember that when the iodine salt is taken after a meal the iodine combines with the starch of the repast to form an inert iodide of starch. If taken before eating it is absorbed and retains its activity.—American Journal of Dermatology.

The following items are from Critic and Guide:

Prolonged application of cold to the eye is to be avoided, because of its devitalizing action upon the tissues. This caution particularly applies to affections of the eyes with involvement of the cornea.

The internal administration of cocaine in large doses in cases of cancer is highly recommended by Gilchrist (British Medical Journal). Cancer patients stand very large doses of the drug without untoward effects.

Remember that weak solutions of carbolic acid often prove more dangerous than strong ones. They are more penetrating and more easily absorbed, and gangrene is not rarely the result.

Dilute sulphuric acid in rather large doses, internally, is being recommended for boils, furuncles, etc. We would prefer the aromatic sulphuric acid in doses of 10 to 15 minims, in half a glass of water.

Ergot is one of the best drugs in delirium tremens. Originally advocated in this condition by Livingstone, it has been tried by many physicians with corroborative results.

Ringworm of the Scalp.—Paint with a solution of 2 grains of mercuric chloride in 1 oz. of tincture of iodine once a day. After ringworm has disappeared apply plain petroleum or zinc oxide ointment or boric acid ointment (5 per cent.) until the redness produced by the iodine is gone.

As an excellent remedy in vesical hemorrhage Dr. Berthold Goldberg recommends a 10 per cent. emulsion of antipyrin and gomenol in olive oil. 15 c. c. of this emulsion is injected into the bladder.

In operating for intestinal obstruction in the colon the first thought should be to save the life of the patient. This can often best be done by making an artificial anus. Too many patients are sacrificed to the surgeon's zeal to do a complete and mechanically perfect operation at once.—Amer. Jour. of Surg.

Hospitals, Training Schools and Sanatoria.

New Jersey State Hospital, Morris Plains.

The thirty-fourth annual report of the Managers and Officers of this institution, for the year ending October 31, 1909, has been issued, and from the Managers' report we gather the following facts:

The year closed with 2,059 patients in the the hospital—1,050 men and 1,009 women. The greatest number at any one time was 2,060. During the year there were 509 admissions—270 men and 239 women. 126 were discharged as recovered, a percentage of 25, as against 26.22 the previous year; the diminution in ratio being caused by the unusually large number of acute cases admitted in the latter part of the year, of whom many have been discharged as recovered. The crowded condition has become a centre of danger; the more so because of the convicts and criminal insane who constitute a demoralizing element in the hospital, and who should be provided for in another institution. The need of a third hospital for the insane is emphasized.

There are 41 cases of tuberculosis in the wards and there is need of isolation tents and shacks for them. The need of some method of giving useful, hygienic and suitable employment to the patients is pointed out. Additional water supply is needed and the digging of artesian wells is suggested. Large additions to dairy barn and milk house are needed. All the patients of the Essex County Hospital for the Insane are now housed in the new buildings at Overbrook, which by appointment and equipment rank with the best institutions of the country. There were 1,229 patients there taken care of. The Hudson County Hospital, with a new building with 150 beds, has cared for 372 female and 286 male patients. The Passaic County Hospital had 38 patients, 29 of whom were women.

From the report of the Medical Director, Dr. Britton D. Evans, we gather the following:

The overcrowded condition is specially mentioned, calling attention to the steady increase in the State's insane population and the obligation of the State to provide for the care of its dependents, chief among whom are its helpless and dangerous insane. New hospitals or adequate additions are imperatively needed. In two years there has been an increase of 235 patients in this hospital, which have required their crowding into rooms, which have compelled the violation of the laws of hygiene. The normal capacity of the hospital is about 1,600, this last year closed with 2,059 patients, or 459 in excess of its normal capacity.

The admission of 509 the past year is the largest number admitted any year of the hospital's existence, 40 per cent. of them were of foreign

birth; 150 of them were born in New Jersey. Of the 2,059 remaining at the close of the year, 1,761 were recorded as indigent; 188 private or pay patients; 69 were convicts and 41 criminals.

A history of hereditary taint was obtained in 24.5 per cent. The whole number under treatment during the year was 2,452, of whom 168, or 6.85 per cent. died. The total number admitted since the hospital's opening in 1876 is 9,462.

There are in the two State hospitals 737 State indigent patients and 112 convicts. These without any assistance from the counties would fill an institution as large as the average State hospital.

About 20 per cent. of those admitted were afflcted with some form of mental depression, usually spoken of as melancholia; about 33 per cent. showed some form of mania or mental exaltation; 24 per cent. exhibited dementia or mental deterioration; of these 10 per cent. of paretic dementia, and 8 per cent. senile dementia. 12 per cent. suffered from adolescent insanity (dementia praecox). Paranoia was diagnosed in 8 per cent. of all cases. Intemperance and other excesses were the chief causes given as to their etiology; heredity was said to be the predisposing cause in 7.25 per cent. Homicidal and suicidal tendencies were exhibited in 87 and 86 cases, respectively.

Twenty-three per cent. of the patients received came with a history of attacks of less than four weeks' duration. That the policy of the early commitment of insane patients to a hospital for treatment is attended with good results is shown from the fact that of those restored 30 per cent. were admitted before their mental disease had lasted a month, 23 per cent. before three months, and 71 per cent. within one year of the beginning of the attack. Over 76 per cent. of those who recovered were restored to mental health before they had been under treatment one year.

Of those who died 65 per cent. had suffered from some form of incurable dementia, 24 per cent. being paretic dements, 21 per cent. terminal dements and 20 per cent. senile dements.

The chief causes of death were pneumonia and other diseases of the organs of respiration, endocarditis, nephritis, convulsions and exhaustion being marked contributory causes.

The doctor's report closes with remarks under the headings: Precautions for the protection of patients; tuberculosis; tvphoid fever (only one case); training school of nurses; the nurse's cottage; protection against fire; laboratory work; employment of patients; the medical staff—the Director and six assistants.

A statistical appendix follows—23 tables of interesting facts concerning patients—also the Warden's report of the finances of the institution.

Christ Hospital, Jersey City.

At the present time the hospital is in debt. It would not have reached this condition were it not for its desire to accommodate every unfortunate who has made application for relief at its doors.

Dr. Gordon K. Dickinson has this to say of Christ Hospital and its work:

"The hospitals that receive financial aid from the various municipalities do not meet the demands, simply because they are not adequate. The demand in this immense, densely populated community is great.

"In Christ Hospital there are not nearly enough beds to receive the indigent sick who apply for admission. This condition prevails at all the hospitals. The result is that some go to New York and some are treated at home. Many die from lack of proper attention.

"Christ Hospital had its inception in charity. It was founded by persons who saw that there were hundreds every year who are unable to obtain relief in sickness. Since the institution has been in existence it has tried to give the best and I believe it has succeeded.

"The present indebtedness of the institution has been increased by many much needed repairs and the pressure from charity patients has been overwhelming.

"Wards laid out to accommodate fifteen beds now contain thirty. We have now come to the point where we must either raise money or diminish the efficiency of the hospital. The financing of the institution is carefully conducted and not a cent goes astray."

Subscription cards have been sent throughout the county, and persons to whom they are addressed are requested to be as generous as possible.

Mercer Hospital Training School.

The commencement exercises in connection with the graduation of six nurses from Mercer Hospital Training School, which took place, May 12, 1910, in Prospect Street Presbyterian Church, attracted a large gathering, comprising friends of the graduates and friends of the institution.

The graduating class occupied seats on the platform and the church choir, under the direction of Miss Clara Stelle, contributed a program of music. The Rev. Francis M. Palmer, pastor of Prospect Street Church, delivered the invocation, and the addresses were by Rev. Dr. John Dixon, former pastor of First Presbyterian Church, and Dr. Joseph Sailer, professor of Clinical medicine in the University of Pennsylvania.

Dr. Dixon delivered a very lengthy and interesting address, congratulating the young women graduates upon their choice of a profession —one that is of aid to the world and ennobling. The professional nurse is second only in importance to the physician, the speaker said, and the duties of the profession are a greater tax upon the individual than the general public imagines. Dr. Dixon praised the hospitals of the city and spoke of the late benefactors, Edward Grant Cook and Hugh H. Hamill, who were directors of Mercer Hospital, and who gave time and money to aid in the grand work. He also mentioned the aid given Mercer Hospital by the late Mrs. Richey and Mrs. Josephine Bodine.

The speaker said the directors of the institution delight to thank the physicians of the city for the aid they have rendered in making the hospital one of the best in this section to-day. He said the hospital had been enriched by the remembrance of good people in their wills, and that unexpected legacies came to the institution. He said the hospital should be enlarged.

The graduates included Miss Ethel Paff, of Trenton; Miss Majorie Roche, of Trenton Junction; Misses Bessie Jerrett and Agnes Mullane,

of Bordentown; Miss Evelyn Johnston, of Toms River, and Miss Marguerite Smith, of Columbia, Pa.

Mountainside Hospital Training School.

"The calling of the trained nurse stands as high as that of the minister, and the same kind of a life is expected of you as is expected of us," declared Rev. Harry Emerson Fosdick, pastor of the First Baptist Church of Montclair, in an address to the graduating class of the Mountainside Hospital in Unity Church, that town, last evening. The graduates were Miss Sarah Bolen, of Orange; Miss Margaret Catherine Claren, of Montclair; Miss Florence Gertrude Hanlon and Miss Laura Viola Wyker, of Bloomfield; Miss Hannah Gillespie, of Paterson, and Miss Matilda Caroline Voegelin, of this city.

The exercises were opened with prayer by Rev. Edgar S. Wiers, pastor of Unity Church. This was followed by the graduating address and the charge to the nurses by Mr. Fosdick.

"What is required of a doctor, preacher or trained nurse." Mr. Fosdick continued, "is that they labor willingly and not as a hireling. By this I mean that we must work, not for money, but for the purpose of helping.

"You, as trained nurses, occupy a position in life that is unique, for although you are modern, self-supporting women, you also retain the opportunities and ideals of olden womanhood—that is, to minister to the suffering, to care for the needy and to comfort the broken-hearted—and I urge you to make the most of your opportunities."

The presentation of diplomas was made by Dr. Richard P. Francis, of Montclair, president of the hospital staff. Miss Margaret S. Jarvie, vice-president of the hospital and chairman of the training school committee, presented pins to the class.

Overbrook and the Grand Jury.

From the Newark Evening News, May 16.

No doubt there is, as the grand jury has said in its presentment to the court, a practical necessity for taking the control of the County Hospital for the Insane from the Board of Freeholders. The only question is as to how this can be accomplished.

The grand jury has recommended that, if possible, a commission be appointed by the court "to take the management of the institution out of the realm of politics." There is much doubt as to whether this can be done without additional legislation. If it can be done, it is to be hoped that Chief Justice Gummere will point out the way and will bring about the change as promptly as possible.

Evidence is being constantly developed that the present dual system of management at Overbrook, so recently established with the alleged intention of bringing about reform, is a failure. There has been an utter lack of co-operation between the medical superintendent and the head of the business department. This was to have been expected, for experience in this State had shown that such a system had invariably been a failure. The Hahn investigating committee, which considered the subject so thoroughly in 1907, at the direction of the Assembly, was thoroughly convinced of the ineffectiveness of the dual system of management. That committee reported the troubles at the Trenton Asylum for the Insane as being largely due to its being governed by the dual-headed system. "The committee is of the opinion," the report continued, "that a hospital intended for the segregation and cure of those mentally defective should be in charge of a medical director, who shall assume, and be held responsible for, its proper conduct and management, and that the warden and his subordinates be accountable to him; and it recommends legislation which will accomplish this purpose. The law should be made applicable to all institutions exercising kindred functions."

The welfare of the patients at Overbrook and of the taxpayers of the county demands a further change in the management of the hospital. That change needs to be a radical one. If the plan proposed by the grand jury cannot be carried out under existing laws, its object may be attained in some other way. The people still have it in their power, if they desire to so exercise it, to do away entirely with the Board of Freeholders as at present constituted and substitute a commission form of government under the Strong act.

Tuberculosis Sanatorium or Hospital in Union County.

At a special meeting arranged by the Common Council of Summit, held May 24th, the sentiment expressed was in favor of the establishment in Union County of a tuberculosis sanatorium. After a half dozen physicians and others had spoken of the good to be derived from such an institution in this county the following resolution was adopted:

"Whereas, It is the opinion of the Common Council of the city of Summit that a hospital for the care of tubercular patients would be most beneficial to the citizens of Union County, and that we believe the sentiment of the citizens of Summit is strongly in favor of the establishment and maintenance of such a hospital in said county; therefore, be it

"Resolved, By the Common Council of Summit, That the favorable sentiment expressed at the special meeting held in the municipal building, Tuesday, May 24, be forwarded to the Board of Freeholders of Union County."

Dr. William H. Lawrence, Jr., head of Overlook Hospital, said there was nothing that could be done in the fight against the white plague that would prove more effective than hospitals for the care of advanced cases of tuberculosis. Summit, the physician believed, should be foremost in favoring the proposition. Dr. J. Boyd Risk, former Mayor; City Physician William S. Lamson, Dr. R. D. Baker and Dr. John Burling indorsed the sentiment expressed by Dr. Lawrence.

John N. Cady, director of the Union County Board of Freeholders, allayed any fears which the citizens might have concerning the location of the proposed sanatorium within the boundaries of this place. Mr. Cady said the Board of Freeholders believed the institution could be located on a suitable site in the county which would not be objectionable to any municipality.

Out of nineteen municipalities from which the Board of Freeholders have heard, the citizens of only one town have opposed the sanatorium, Mr. Cady said. He added that they were

moving slowly, and it was proposed to erect only a small hospital which may be added to as necessity demanded.

Tuberculosis at the Loomis Sanatorium.

The thirteenth annual report (1909) of the Loomis Sanatorium for the treatment of tuberculosis shows that of 205 patients discharged during the year, there were 15.61 per cent. of "apparent cures," as against 21.52 per cent. during 1908, due to the fact that the average stay of the patients in 1909 was 30 weeks, as against 43.17 weeks in 1908. Thus there seems to be established a definite relation between the duration of residence and the results of the treatment. Thirty-five out of 205 patients discharged during the year "apparently cured," were given tuberculin treatment, in addition to the regular hygienic and dietetic measures of the sanatorium. The results showed a considerable advantage in favor of the tuberculin, but the patients were selected and their residence in the sanatorium was longer. Still it seems to be proved in this institution, as well as in others, that this specific treatment, combined with the ordinary measures, has a percentage of advantage. In patients whose symptoms did not positively contraindicate it, controlled autoinoculation by exercise was practiced under rigid supervision. This was effected by manual labor in the way of timber thinning, landscape gardening, etc. Improvements have been made in the dietetic system of the sanatorium which enables the staff to control the diet of the patient with scientific precision. An investigation was begun of the present condition of all patients discharged since the opening of the institution, but the work was not sufficiently advanced to publish the results in this report. The value of such an investigation will be great.

Tuberculosis Sanatoria in Sweden.

A significant phase of the campaign against tuberculosis in Sweden is the establishment by various industrial concerns, of sanatoria for tuberculous workmen from their own factories. The Vulcan Match Company, the Ljusne-Voxne Timber Company, the Sandviken Hardware Company, the Eriksson Telephone Company and the Stora Kopparsberg Company are among those who maintain such institutions, each accommodating from fifteen to thirty patients. At these sanatoria the workmen are received free, and their families may be admitted for a small charge.

Obituaries.

DE LONG—In Newark, N. J., May 13, 1910, Dr. Arthur D. De Long, aged 42 years.

Dr. De Long, for several years, was a prominent practitioner in Jersey City, and who had his office on Jersey avenue, near Eighth street, was buried, May 16, in Mount Pleasant Cemetery, in Newark. He had been a resident of Newark for the past five years. At his funeral, which took place from the home of his mother, 27 Walnut street, there were present many well-known Newark and Jersey City doctors.

Dr. De Long was born in Jersey City forty-two years ago and was the son of Delevan and Emily J. De Long. He attended the Hasbrook Institute of Jersey City and was graduated from New York University Medical College in 1888. He married Miss Lenore McAdoo, of New York City. She died nine years ago. He was also known as a crack marksman and won many prizes for the Marion Gun Club, of New Jersey. He is survived by his mother and a sister, Mrs. Robert H. Illingworth, of Newark.

MALLON—At Paterson, N. J., April 27, 1910, Dr. Richard S. Mallon.

Dr. Mallon graduated from the Cornell University Medical College, in 1895. The following action on his death was taken by the Passaic County Medical Society:

On April 30th, 1910, the Passaic County Medical Society met to attend the funeral of Dr. Richard S. Mallon. In his death the society feels that it has lost one of its most valuable and promising members. His scientific knowledge was broad, his devotion to his work unceasing, and his willingness to serve ever ready. He was a man who, by his unswerving principles of rectitude, by his sincerity as a friend and by his frank and manly honesty—and withal a keen and brilliant humor—won for himself the respect and the love of those who knew him.

In him death found a shining mark, but as he lived, even so he died, hopefully, manfully, fearlessly. We mourn his loss, but his life and character will remain a sweet memory and an example worthy of the best of us to follow.

It is the wish of the Committee that these resolutions be inscribed upon the minutes of the society, and that a copy of them be sent to Dr. Mallon's family.

J. M. Stewart, Thomas A. Dingman, O. R. Hagen, Committee.

HEMPSTEAD—At Paterson, N. J., April 22, 1910, Dr. Jacob Hempstead.

Action of the Passaic County Medical Society:

By the death of Dr. Jacob Hempstead, which occurred on April 22nd, 1910, the medical profession in this community has lost a member who represented much that is best in the history and tradition of our calling. Quiet and reserved in his manner, Dr. Hempstead was a faithful ad conscientious student of medical science, a hard worker, an unselfish practitioner, loyal to his professional brethren and the standards of professional ethics, devoted in his attention to his patients, forgetful only of himself. During his short two years' membership in this county medical society he was a frequent and interested attendant at the meetings. Anxious to improve every opportunity of perfecting himself in medical diagnosis, he suffered no obstacle of distance or inclement weather to keep him from the hospital clinics when a chance to learn presented itself. He never allowed his personal convenience or interest to interfere with his duty to those who sought his aid. In earnestness, in fidelity and in professional zeal he set an example which we shall do well to bear in mind. In view of which be it

Resolved, By the Passaic County Medical Society, that the society, realizing the loss they have sustained by the death of Dr. Hempstead, sympathize with his family in the far greater loss which has befallen them, and that

this report be spread in full on the minutes of the society, published in the Journal of the Medical Society of New Jersey, and that a suitably prepared copy be sent to Mrs. Hempstead.

E. J. Marsh, H. N. Golding, I. Surnamer, Committee.

Personal Notes

Dr. Charles F. Adams, Trenton, is making extensive improvements to his residence in that city.

Dr. Frank M. Donohue, New Brunswick, and family, have gone to their summer home, Cedarerest, near Bound Brook. He goes daily to New Brunswick.

Dr. William A. Clark, Trenton, has been appointed by Mayor Madden a member of the Trenton Board of Education.

Dr. Isaac S. Cramer, Flemington, has been appointed a member of the election board, to conduct the borough election there, June 7th.

Dr. George W. Fithian, Perth Amboy, has been appointed health officer of the port of Perth Amboy.

Dr. Philander A. Harris, Paterson, at the annual meeting of the American Gynecological Society, discussed a paper on the "Chief Cause and Prevention of Post-operative Cystitis."

Dr. Norton L. Wilson, Elizabeth, was elected one of the Councilors of the American Laryngological, Rhinological and Otologolical Society, at the annual meeting held April 30th, in Washington, D. C.

Dr. Victor Mravlag, Elizabeth, has announced that under no circumstances would he again consent to run for Mayor of Elizabeth, notwithstanding the popular desire that he shall serve again.

Dr. Edward Staehlin, Newark, has a paper in the American Journal of Surgery, May, 1910, on "Extirpation of the Rectum for Adeno-Carcinoma by the Kocher Method."

Dr. P. A. Shannon, New Brunswick, who was shipwrecked on his trip to Europe, has returned in safety.

Dr. John L. MacDowall, Perth Amboy, has removed his office from Smith street, to 285 Rector street.

Dr. Clarence R. O'Crowley, Newark, was elected a member of the executive committee of the New York Society of the American Urological Association, at its annual meeting, April 27, 1910.

Dr. George B. Emory, Newark, and wife, have gone to Short Hills, N. J., for the summer.

Dr. James A. Exton, Arlington, left home, May 3d, for an extended trip to Atlantic City, and the Southern and Western States, expecting to return July 1st.

Dr. F. H. Glazebrook, Morristown, has had supervision of the medical inspection of the Maple Avenue Public School recently.

Dr. Herman Gross, Metuchen, gave a lecture recently before the Royal Arcanum of Metuchen on Immunity.

Dr. William J. Lamson, Summit, as city physician, has recommended that the local police headquarters be provided with articles for rendering first aid to the injured.

Dr. William M. Moore, Pawnee, Oklahoma, a member of the Middlesex County Medical Society, has recently recovered from a fractured leg. He writes in glowing terms of the delightful climate and beautiful natural scenery of Oklahoma.

Dr. John R. Stevenson, Haddonfield, recently delivered an exceedingly interesting historical lecture before the Gloucester County Historical Society, on "The Women of the Colony of New Jersey." It is printed in full in the West Jersey Press, Camden, of April 30th.

Dr. Charles S. Heritage, Glassboro, has recently undergone an operation for hernia and appendicitis, at the German Hospital, in Philadelphia. He is reported as recovering.

Dr. Joseph A. Stites, Springfield, has recently completed the inspection of the township milk dairies and reported them in first-class condition.

Dr. A. Clark Hunt, Metuchen, has recovered from his severe attack of pneumonia.

Book Reviews.

Diseases of the Stomach and Intestines. By Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Octavo of 776 pages, with 279 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $6 net; half morocco, $7.50 net.

This work was written by one who has given many years to the study and treatment of these diseases. After a somewhat careful examina ion we believe that the general practitioner will find it a practical and helpful work. It opens with a thorough discussion of the anatomy of these organs, the physiology of digestion and the general methods of the patient's examination. Part II. treats of the organic diseases and functional disorders of the stomach; disturbances of its motor functions; anomalies in position and form; nervous affections, with special chapters on dyspeptic asthma and of stomach functions in diseases of other organs. Typhoid fever is included on account of its intestinal complication and for the purpose of differential diagnosis, and an excellent chapter on appendicitis, and also one on diverticulitis, are given, and the volume closes with one on intestinal parasites. The illustrations are helpful and the therapeutic advice is excellent.

A Text-book of Pathology. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia. Second edition. Octavo of 856 pages, with 437 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $5 net; half morocco, $6.50 net.

The first edition of this work was well received by the profession, but the great advance in our knowledge of pathology during the past five or six years has called for a new edition. Examination shows a thorough revision by a competent author who has for many years been a teacher of pathology and bacteriology. While the work is worthy a place in any physician's library, it will be found of special value to students of medicine preparing for the degree of

doctor of medicine. After an introduction on the scope and terms of pathology and the nosology and nosogeny of disease, the work is divided into two parts, the first on General Pathology, with eleven chapters, covering 375 pages, and the second on Special Pathology of ten chapters, 408 pages. Also an index of 52 pages. The work is well illustrated.

PULMONARY TUBERCULOSIS AND ITS COMPLICATIONS. By Sherman G. Bonney, M. D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 X-ray photographs. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $7 net; morocco, $8.50 net.

The subject of this work has awakened such wide-spread interest not only on the part of the profession, but also of the public generally, that we believe the general practitioner will welcome a new volume that has the merit of thoroughness and practicality that characterizes this work, which deals more especially with the diagnosis and treatment of this disease. The author has given long and careful study to this disease and his competence to speak with authority, and with acceptance, is demonstrated by the fact that the first edition of this work was printed in July, 1908, reprinted in August, 1909, and that this second edition has followed early in 1910. The revision has been thorough and the volume considerably enlarged, with many new illustrations and plates, nine of which are colored.

BOOKS RECEIVED.

Surgical After-Treatment. A Manual for the Conduct of Surgical Convalescence. By L. R. G. Crandon, M. D. With 265 original illustrations. W. B. Saunders Company, Philadelphia.

Medical Electricity and Rœntgen Rays. By Sinclair Toucey, M. D. Containing 1,116 pages, with 750 illustrations. W. B. Saunders Company.

Diseases of the Eye. For Students and Practitioners. By Professor G. E. de Schweinitz, M. D. Sixth edition, with 351 illustrations and 7 chromo-lithographic plates. W. B. Saunders Company.

Prescription Writing and Formulary. By J. M. Swan, M. D., containing 1,043 prescriptions. W. B. Saunders Company, Philadelphia.

These volumes will receive further notice in next month's Journal.

Public Health Items.

Bayonne Board of Health.

Believing that through carelessness a number of cases of contagious diseases are not reported to the health authorities, the Board of Health at its meeting last evening passed a motion calling the attention of physicians to the health laws and directing them to be more careful about reporting cases promptly.

This action was taken following the reading of the monthly report of Dr. J. T. Connelly, health officer. In his report Dr. Connelly stated that one new case of tuberculosis had been reported during the month. While there are a number of old cases recorded, the Health Board members felt that all the new cases were not reported. This opinion was held in view of the number of cases recorded in previous months and the belief that there would not be such a sudden and great decrease in the number of cases in a month or more.

The board has determined that cases of infectious diseases shall be reported promptly, and will keep a close watch to see that they are.

Rahway Physicians Satisfactorily File Reports.

The Board of Health is making a special effort to have the physicians in Rahway report vital statistics promptly and accurately. At the meeting of the board last evening it was stated that the doctors had complied in a satisfactory way. Should the physicians fail to do their duty in this matter in the future the local board will lay the matter before the State board.

At a meeting of the board held May 11th, Health Officer Dr. F. W. Sell gave his monthly report concerning plumbing tests, milk examinations and the inspection of three dairies and the precautions against communicable diseases.

Berlin Medical School Inspectors' Report.

According to the report of the management of the Berlin school physicians, just published, there were in the last year 44 medical school inspectors for 228,455 pupils. Each physician had from 3,234 to 6,297 children under his supervision. Of the pupils reporting at school, 10 per cent. were rejected, chiefly on account of anemia, rachitis and intellectual inferiority. About one-fifth of the school children had to be kept under special supervision; 456 children were placed in the special classes for the weak-minded and 25 in an idiot asylum. Only 0.7 per cent. of school pupils suffered from tuberculosis. Only a few classes needed to be suspended for a short time on account of epidemics. The municipal laboratory was able to show in some cases that the infectious germs could be removed from the school room only by very thorough disinfection. One-fourth of all the children showed curvature of the spine. The city spent $20,000 (83,500 marks) for meals at school, providing 835,000 lunches in the children's diet kitchen. Hereafter lunches are to be provided in summer, for which $24,000 has been appropriated.

Smallpox in the United States.

Facts taken by the Editor from a paper by J. W. Trask, M. D., P. H. and M. H. Service.

Smallpox has appeared to be unusually prevalent in the United States during the last ten years. In several of the States the greatest number of cases was reported in the years 1902, 1903 and 1904. In 1902 Massachusetts reported 2,314 cases. In the same year New York State reported 450 deaths which in all probability represented at least 9,000 cases. During the year ending October 31, 1904, Pennsylvania had 5,172 known cases; in 1902 Michigan had 7,086; Ohio in 1903 had 6,903; Wisconsin during the year ended October 1, 1903, had 2,897 known cases. In 1904 Florida reported 973 cases and

Indiana 6,185. During the year ended May 1, 1905, North Carolina had 7,375 and in 1907 Colorado, with a total population of a little over half a million, had 1,119 known cases.

The number of cases of smallpox reported to the Surgeon-General of the Public Health and Hospital-Marine Service during the calendar year 1908, as having occurred in the United States, Minnesota had 7,031 cases, or 3,397 to one million of population. New Jersey only three cases, or one to a million population.

Dr. Trask believes if all cases had been reported the number would be nearly double, or 70,000, and presuming that only one-tenth of the people are unprotected by vaccination, he believes the unprotected eight or nine millions could annually supply 70,000 victims indefinitely.

In the Philippines the Director of Health says:

"During the year—1907—there has been unquestionably less smallpox in the Philippines than has been the case for a great many years previous. In the provinces of Cavite, Batangas, Cebu, Bataan, La Union, Rizel and La Laguna, where heretofore there have been more than 6,000 deaths annually from this one cause alone, it is most satisfactory to report that since the completion of the vaccination in the aforesaid provinces, more than a year ago, not a single death from smallpox has been reported. So thoroughly are the Philippines saturated with the contagion of smallpox that probably 25 per cent. of the residents would soon succumb to this disease if it were not for the ability to protect the inhabitants against it by vaccination."

Concerning the value of morbidity statistics, Dr. Trask says:

The first step in a campaign against a disease should be to ascertain where it is and how prevalent. The health officer is greatly handicapped in his endeavors unless he possesses a knowledge of the existing morbidity of not only his own city or State but of that of his neighbors. A knowledge of morbidity gives to the health officer a basis for work, and to the community a knowledge of the need of sanitary measures. It must ever be largely true that the communities with the most exact knowledge of the prevalence of existing disease will be the ones to give their health officials the greatest moral support and to demand the most from them. A community is usually reluctant to tax itself for the support of public health work unless it has a definite knowledge of its need.

The role played by morbidity statistics is at least twofold. First, they show the existence of diseases dangerous to the community, the need of immediate action, and where to act. In contagious diseases they reveal the foci of infection. Second, they serve for purposes of study and comparison, showing the efficiency or inefficiency of existing measures, and the need for others.

Purpose of Laws Regulating Dairies.

In concluding an able paper bearing on this subject, in the American Journal of Public Hygiene, February, 1910, George M. Whitaker, United States Department of Agriculture, very pertinently says:

The purpose of the law is to prevent the sale of dishonest or impure milk, and dairy laws are needed for three reasons:

First—A minority of producers and dealers are dishonest.

Second—A minority of the same are negligent.

Third—Some producers and dealers are ignorant.

The great mass, who are in neither of the above classes, are the intelligent, careful and well-disposed dairymen. In enforcing milk laws we should cause these producers as little trouble as possible. Necessarily they will be put to some inconvenience; they must secure licenses, or permits, and must pay therefor; their wagons must be stopped on the street and samples taken; their dairy equipment and methods must be regularly inspected. The rain falls on the just and the unjust. Though in some respects the law-abiding dairymen must be treated the same as the worst scamps, officials should perform their duty so tactfully as to give no offence and if possible to win friends for the law and its enforcement. Further than this, if the inspector is fully competent and judicious he may as an incident of his work, be of great assistance to these dairymen as some offset for the trouble caused. Even if their conditions are so good that they are safely within the law, their establishments may be far from perfect and may be susceptible of much improvement. If the inspector gains the confidence of these farmers and makes an occasional suggestion with good judgment there will be a steady improvement in the dairy conditions of even those who are in the better class, and who are clearly law-abiding citizens. The law will have another benefit to the intelligent, honest dairyman. It will help his business by saving him from the competition of the ignorant, negligent and dishonest, by keeping dishonest and under-grade milk from the market and by raising the dignity of the milk business.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement—April, 1910.

The total number of certificates of death received for the month ending April 10, 1910, was 3,536. By ages there were 593 deaths among infants under one year, 297 deaths of children over one year and under five years, and 1,117 deaths of persons aged sixty years and over.

The number of deaths from certain communicable diseases shows a slight decrease from the previous month and also from the corresponding period last year; the following table shows the deaths from certain selected diseases for the month of April each year:

	1909.	1910.
Typhoid fever	27	14
Measles	32	14
Scarlet fever	45	30
Whooping cough	30	12
Diphtheria and croup	59	80

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1910, compared with the average for the previous twelve months, the averages being put in parentheses:

Typhoid fever, 14 (24); measles, 14 (19); scarlet fever, 30 (27); whooping cough, 12 (24); diphtheria, 80 (51)); malarial fever, 1 (2); tuber-

culosis of lungs, 366 (297); tuberculosis of other organs, 61 (58); cancer, 141 (140); cerebro spinal meningitis, 15 (15); diseases of nervous system, 389 (355); diseases of circulatory system, 439 (348); diseases of respiratory system (pneumonia and tuberculosis excepted), 307 (218); pneumonia, 398 (263); infantile diarrhoea, 60 (196); diseases of digestive system (infantile diarrhoea excepted), 251 (187); Bright's disease, 246 (215); suicide, 41 (35); all other diseases or causes of death, 671 (601); totals, 3,536 (3,075).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: From suspected cases of diphtheria, 283; tuberculosis, 471; typhoid fever, 204; malaria, 17; miscellaneous, 35; total, 1,010.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending April 30, 1910, 686 samples of food and drugs were examined in the State Laboratory of Hygiene, with the following result: The following were found below the standard: 50 of the 442 samples of milk; 6 of the 44 of butter; 1 of the 16 of ground ginger; the one sample of veal; 3 of the 25 of vinegar; 4 of the 6 of ess. of peppermint, and 14 of the 17 of tincture of iodine. All of the following were found to be above standard: Allspice, cinnamon, ground cloves, mace, mustard, nutmegs and pepper; cream, paprika, oleomargarine and grape wine.

Twenty-nine suits have been entered for adulteration as follows: Milk, 23; butter, 3; veal, 1; essence peppermint, 2.

During the month ending April 30, 1910, 91 inspections were made in 43 cities and towns.

The following articles were inspected during the month but no samples were taken:

Milk 589, butter 837, foods 1,781, drugs 391.

Other inspections were made as follows:

Milk wagons, 394; drug stores, 95; milk depots, 72; meat markets, 35; grocery stores, 638; slaughter-house, 1.

Division of Creameries and Dairies.

Dairies.

The first column of figures gives the number of dairies inspected, the second and third columns give the number found to be above and below 60 per cent. of the perfect mark, respectively:

County.	Inspected.	Above.	Below.
Burlington	34	14	20
Camden	1	1	0
Essex	4	1	3
Gloucester	3	0	3
Hudson	1	1	0
Hunterdon	10	7	3
Mercer	5	4	1
Middlesex	2	0	2
Monmouth	1	0	1
Morris	8	5	3
Passaic	1	0	1
Salem	2	0	2
Sussex	26	23	3
Union	9	5	4
Totals	107	61	46

Water samples collected from dairy premises, 26; letters sent to dairymen, 73.

During the month of April, inspections were made at the request of the following local boards of health: Burlington, Collingswood, Millburn, Paterson, Perth Amboy and Summit.

Creameries.

During the month 46 creamery inspections were made, as follows: Baleville, Barley Sheaf, Belle Mead, Blairstown, Bloomsbury, Camden 4, Cherryville, Chester, Colt's Neck, Cranbury, Daretown, Elmer 2, Hackettstown, Hainesburg, Hamburg, Huntsville, Marksboro, Monroeville, Morristown, Mulfords, Neshanic, Newark 9, Oak Grove, Pemberton, Price's Crossing, Roy's Crossing, Stillwater, Sunnyside, Troy Hills, Vails, Vernon, West Portal, Woodstown, Wrightstown.

Number of licenses recommended, 4.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory 151, as follows: Public water supplies, 74; creamery wells, 1; private wells, 31; spring waters, 2; sewage samples, 14; dairy wells, 29.

Inspections.

Public water supplies were inspected at New Brunswick, Long Branch, Orange, Merchantville, Gloucester, Gibbsboro and Dunellen.

Sewage plants and systems inspected at Wenonah, Riverside, Collingswood, Vineland, Moorestown, Glen Gardner, Lakehurst, Lakewood, Red Bank, Ridgewood, Soho, Millville, Woodstown, Flemington and Roebling.

Special inspections were made at New Brunswick, Orange, Westfield, Englewood, Newton, Mullica Hill, Mantua, Oaklyn, Hohokus, Hackensack, Soho and Bivalve.

Stream inspections on Raritan, Rahway, Passaic, Whippany, Maurice, Delaware, Second Rivers and their tributaries and Cohansey Creek.

Number of pollutions reported	238
Persons summoned before the board	82
Notices to cease pollution	127
Plans for sewage disposal plants approved	8
Cases referred to the Attorney-General	21

Preparations Approved by the A. M. A. Council on Pharmacy and Chemistry.

Accepted for N. N. R.:

Armour & Co.:
- Mammary Substance, Tablets, 5 grs.
- Orchic Substance.
- Orchic Substance, tablets, 5 grs.
- Ovarian Substance, tablets, 5 grs.
- Parotid Tablets, 5 grs.
- Spleen Tablets, 3 grs.
- Thymus Tablets, 3 grs.

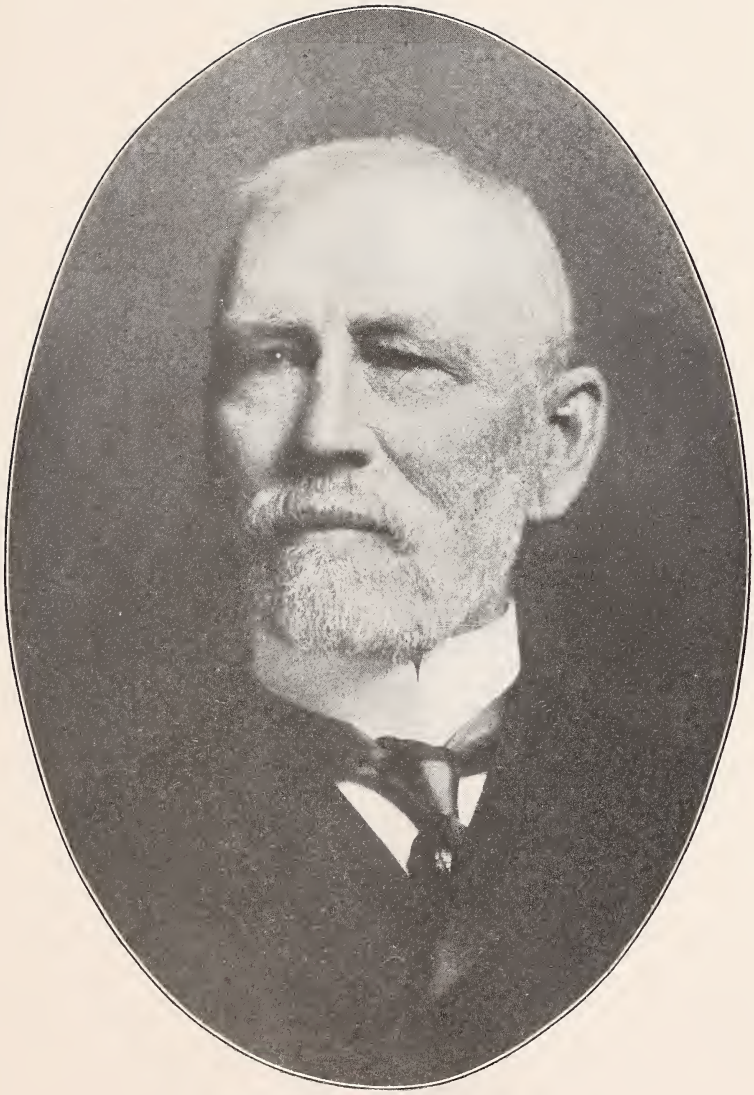
Hoffman-LaRoche Chem. Works:
- Secacornin.

Knoll & Co.:
- Digipuratum.

Schering & Glatz:
- Medical Suppositories, 7½ grs.

A FINAL WORD.

Don't fail to attend our Annual Meeting at Atlantic City, June 28th to 30th, if within range of possibility. Your presence will help us and the meeting will be helpful to YOU.



J. H. Mackenzie

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PRESIDENT'S ADDRESS.

Delivered at the 144th Annual Meeting of the Medical Society of New Jersey, June 29th, 1910.

A PLEA FOR A HIGHER STANDARD OF MEDICAL EDUCATION.

By Benjamin A. Waddington, M.D., Salem, N. J.

Ladies and Gentlemen, and Members of the Medical Society of New Jersey.

To say that I thank you for the privilege of addressing you upon this occasion but inadequately expresses my deep sense of appreciation of the great distinction you have conferred upon me in my selection as the presiding officer of our time honored Society. This auspicious gathering, to which it is not too much to say we all look forward as the years lengthen, with deepening interest in the ever increasing problems which the investigating scientists, especially those in the fields of biology, physiology and psychology, are seeking to throw light upon and bring nearer to the goal of revelation, but also the greater pleasure in clasping hands with friends whom the passing years have only made more dear to us, and in giving cordial welcome to our younger colleagues, whose duty and honor it shall be to carry forward the ethical and scientific work of our State Medical Society in the future.

As we look about us to-day, we must inevitably recognize that the spirit of the age is one of progression ruthlessly stimulated in all walks of life, by the keenest competition, individually and collectively, and this means that he who would be even measurably successful in the struggle for existence, or in the gaining or retaining of even a modicum of the favors and smiles of Dame Fortune, must be armed cap-a-pie with all possible advantages in entering the list for preferment in his chosen vocation.

While in the abstract, we may agree with that prince of commentators, King Solomon, upon the causative factors that make or mar a man's career, "that the race is to the strong," yet in the concrete and final analysis, we, of to-day, divine that not to the merely strong will probably go the victory, but to him who, by long and intelligent training, both of mind and muscle, has learned to best conserve and use his forces in the hour of strenuous need. The athlete who is worth while, will tell you that during the long probationary period preceding his entry into the professional ranks, if merely his physical development is cultivated, he is everlastingly handicapped in the arena wherein he is tried out against all comers. He will candidly admit to you that to fairly insure his chances of professional success it is essential that his mind shall have also been cultivated along the lines that will develop good judgment, quick and accurate thinking, a logical knowledge of cause and effect, and a resourcefulness in sudden, unanticipated emergencies that shall bring victory out of threatening disaster. If this premise is correct as to the man, the exercise of whose profession can naturally extend but over a few years at the best, how much more is the obligation incumbent upon him whose capital is largely the exercise of that God-given intelligence, which emanates from the mysterious workings of the well poised, disciplined and evenly balanced structure we call the human brain. We admit without cavil or argument, that in all ages some specimens of our race have been seemingly endowed with a remarkable intuition which has elevated them to the

front rank, or even pinnacle of the learned professions, irrespective of the fact, that in the fundamentals of general education they were more or less lacking, but such individual exceptions to a rule cannot be taken as a practical working proposition for the mass. What such have attained, has been accomplished after such hard and discouraging labor, that only the most indomitable will power could have sustained them in their endeavors. Even granting that these men reached a certain goal, how much more they might have evolved, had they started properly equipped mentally, is an open question.

At this period of the world's evolution, all the various walks of life demand more and more of a man, and further, this demand will go forward with herculean bounds, the wisdom of to-day will be the foolishness of to-morrow, the high standards of the now will be the minor height of the then. This status of affairs is discerned by all professional and teaching bodies, hence the insistence by the masters and veterans of the arts, professions and sciences, that their proposed apprentices, who are later to become cultured exponents and exemplars of these vocations, shall enter upon the fundamentals of their calling, not with a rudimentary foundation, but with such a well laid groundwork, that the superstructure shall raise itself in grace, glory and beauty, a symmetrical completion.

In asking those who would be of the priesthood, in the temple of Hygeia, certain advanced preliminary educational requirements before admitting them to the study and practice of the Goddess, we are but following in the footsteps of what past ages, in all guilds, have required and imposed upon the neophytes who would partake of the knowledge of the inner mysteries of the shrine. If we go back to the early and long distant ages of the world, we find that admission to the higher educational and cultured associations of men, to those organizations having for their object and being the study of the mysteries of the world and existence, the attempted solving of the riddles of the universe and its inhabitants, that the candidates for the initiation into the studies of the various orders must present and give evidence of a fitting qualification for receiving a knowledge of a right to practice, receive the emoluments of, and to impart to coming generations of students their learning, before entering their names upon the honorable roll of the illuminati. If we hark ourselves back to the days of the ancient Syrians and Phoenicians, we find there an order known as the "Cabiri," or the "Mysteries of the Cabiri." These Cabiri were originally the Syrian and Phoenician Gods, who were supposed to be the children of Sydyk, which it is presumed was another name for Noah, and to them is credited the invention of shipbuilding. While engaged in voyaging they, like many other sailors since, ran aground, their particular stranding taking place upon Mount Casius, where they erected a temple.

The worship of the Cabiri was first established in the island of Samothrace, and here the "Mysteries of the Cabiri" found birth. From here the worship spread to Thebes and other of the prominent cities of that epoch. An aspirant for membership in the brotherhood was compelled to present himself under qualified conditions, mental and physical. The tyro, as preliminary to acceptance in the order, the object of which he was informed was to make men just and virtuous, had even to submit himself to a priest to be examined and purified. Pythagoras is supposed to have acquired much of his learning from his being of this fraternity. Its precepts were much respected by the laity, and were imparted to the public in a language peculiar to the votaries of the rite.

We doctors of to-day, priests in the Temple of Health, have at least one point of resemblance to these ancient savants of the world's dawn. We, too, have a language of our own, the Latin, in which we impart to the apothecary, no matter what his native language, or habitat, that which we wish him to compound for our patient's medication, for, go where you will in the world, the Latin prescription is translatable by all pharmacists, hence the absurdity of the position assumed by those who would relegate prescription writing in that language to the rear, and substitute for it the tongue of the writer.

If we come down to a later era we find in Greece, the teaching and practice of what were among the most sacred and important of the rites and mysteries, namely, those which from the place of their birth, Eleusis, were denominated the "Eleusinian Mysteries." Here we find the old rule again, the candidate must undergo a preliminary novitiate or development, before his acceptance into the assemblage of the elect. History tells us that these mysteries were of a lesser and greater order, having passed through the lesser orders he must, before he enters the greater, evi-

dence by his replies to an examining board that he had by proper study attained suitable proficiency to be advanced in professional rank.

Drifting down to the later Greeks, we find its schools of philosophy insisting upon a knowledge of generalities, by those ambitious to attain professional titles and rights, before entering upon the studies incident to their profession. Two schools of philosophy existed, the Exoteric and Esoteric. The former word signifying exterior, the latter interior. To attain the Esoteric, the Exoteric must have been graduated from. In the Exoteric the elements of science, and those matters which ordinary intelligence could grasp, were imparted to the students and the general public. In the Esoteric, the more abstruse problems and tenets were imparted to the chosen few by the master, in the secret recesses of his dwelling.

As we gaze at the unfolding of this picture of requirements, asked of those who petitioned for admission to the ranks of scholars and professional men, when the world was comparatively young, we must have impressed upon us the fact that even then a definite, well ascertained preparation, was a *sine qua non* for a degree.

If, as the canvas unrolls, we elect a later date, to make our observations, we discover, coming now to the era with those whose history and customs we are all probably familiar, that the Druids, practicing bloody and frightful ceremonies in the forests of England, and in the pestilential swamps and morasses of London, almost on the exact spot where now stands that temple of Christianity, and likewise monument of the skill of that immortal architect, Sir Christopher Wren (St. Paul's Cathedral), required the nominees for its priesthood to have drunk at the fountain of their primitive knowledge.

Approaching closer to our century, we view two radically different institutions, the Church and the Order of Chivalry, both imbued with the idea, that if their benefits and privileges were worth having, they were worth laboring for, and subjecting their students, cadets and squires to a trying out process by which those tested should demonstrate their ability to adequately fill the role of priest or knight. And here it might be well for us to recall that in past ages, and in all lands, civilized or uncivilized, by some curious coincidence, or chance, the priest and the doctor were one and the same. During the period when warfare and rapine, personal and national, were the common employment, and the corrollary that might makes right was the rule of action, the hierarchy of the prevailing sacerdotal system seems always to have had delegated to it the construction and preservation of the erudition of the period. Naturally from the cure of souls these theologians passed to the cure of human ills, instinctively becoming gnostics of the simples, and herbs medically useful, thus, unconsciously, they opened up that which has to-day become a profession, Botany and its adjunct, Materia Medica. It may be news to those of you who are neurologists, that the science of psychology, regarded by you as an evolution of the brains of the century, really dates back its inception from the ancient mysteries, and its continuation and practice to the priests, oracles and medical men of succeeding dynasties, even including the despised and rejected of men, Lo, the Poor Indian, for we find in the practice of the incantations, et cetera, employed the theory of "suggestion," and "superior governing influences" being worked out to a practical end, hence, your psychologists are traveling in ancient, if not always reputable society. You, at least include in your armamentarium a weapon having the respectability of old age. While the mere theorists of moralities remained theologians, the practical ones gradually separated from abstractions, and concreted into the order of the pill and scalpel. But they came of the clan that demanded intellectually, a preceding *quid pro quo,* for what it had to confer.

Superstition was the dominant factor influencing the sages of the ancient mysteries, and, if initiation into the revelation demanded absolute qualifications, so much more should we, of to-day, strenuously insist that he who would enter the medical corps should first be an all-round, well-informed man, for it is our function to study and mayhap some day solve the greatest riddle ever propounded in the universe—the great mysteries of life and death, their origin, possibilities, limitations, how one may be conserved and preserved, and the other controlled or deferred. In the great laboratories of this age hundreds of men are bent over microscopes and incubators painfully and slowly delving into the secrets of embryology and sex control, their labor for the benefit of man and animal being largely one of love, for their remuneration financially is, as a rule, but scanty.

We do not feel that we are asking too

much when we insist that men who would become members of a profession that is honorable, that does for and gives to charity and to humanity and its unfortunates more in one life time than other professions do in numbers of generations, should by previous preparations for its study, give evidence that they are worthy of the nobility of the calling into which they would enter. The educational prerequisites should be of a high standard, the examinations strict but fair. We have no patience with those of the medical cult who are ever raising the cry that too much is exacted as a preliminary to entering upon the medical college course. Those who would excuse first-year students from the routine course in anatomy, physiology, et cetera, pursued by the class in general, on the presentation of certificates from literary colleges that such studies have been taken by the student are, I think, egregiously in error, for we are all aware of the peculiar anatomical and physiological information imparted by the average book written for lay readers. For some reason certain of the faculty of medicine raise the cry that some terms at medical schools should be shortened to the minimum and that it should be made easy for those attending professional schools—allowance being made for the amateur medical courses attended during their academic careers, because if this is not done there will result a dearth of medical students, and, worst of all, they say that four or five years' studentship in the medical halls means that a man is unable to launch into his life's work until he is twenty-four or five years of age. Such ideas are nonsensical and puerile, or are the motives of those financially interested in pushing the greatest possible number in the shortest possible time through their doctor mill. The simplest trades exact that the apprentice shall serve three full years of twelve months each to acquire journeyman's rights.

If we go to the church for comparison we see that a student cannot be ordained before he is twenty-four. In the Catholic church orders, ordination is not fully granted before twenty-seven, and, indeed, one places thirty-seven as its minimum. And theology is but an abstract science, with no dangerous possibilities to life or limb on its practitioner's hands. Whereas, medicine—well, we all know what impends where good, matured judgment, trained eye and hand, and preparedness for the day and hour of peril are lacking. It is to be more than regretted that our profession, *en masse,* does not set the standard for admission to its body at the very highest possible notch, and then see that those who would be of us are measured rigidly in the gauge. Medical men, in the language of the day, seem to lack the grit to demand the enforcement of these views, they seem afraid in this, as in many other abuses of their profession, to speak out manfully, and to strike from the shoulder at what does or would detract from their high calling.

The reason the physician does not occupy the elevated place in the esteem of the community he once did, is that he does not compel a high respect for his profession from the laity, by insisting upon the adoption of a standard of medical education that will keep out of our ranks the incompetents and thereby show that he himself has a proper respect for his profession and for himself.

Many of the self-made physicians of the country—that is, those who have never taken a preparatory college course—are, in knowledge and culture, the equal of the very best. Probably the time will never come in this country when it will be required that all doctors of medicine must have been graduated from some preparatory college, but the equivalent of it may be required, however acquired.

The modification of the course of study and the increase of the number of electives have tended to diminish the difference between the self-made master of his profession and the college bred man. Nevertheless he who can secure the funds to take him through college and is not too old when he begins to develop his faculties and gain a standing in the intellectual world, should in every instance take a college course.

The true physician should be a man conversant with the most varied walks and studies of life, he should endeavor to become informed in a general way concerning the mechanical arts, for from them he may gather often a suggestion that will be of service to him in the sick-room or at the operating table. He may learn from the electrician a useful hint by which he may evolve a tool or fix an apparatus, while from the sailor a knowledge of various knots may be obtained, the applicability of which in surgical practice will assist him. A physician recently called in court as a witness, was asked if he was an expert. He replied, "No, thank God, I'm just a doctor." The judge asked him, "What is the difference between an expert and a doctor?" The response was, "Well, judge, it takes seven different kinds of an expert to make

one doctor." And he might have gone further and remarked "that it takes seven different kinds of a man to make a finished doctor"—a man who can meet all men intelligently, and never be at the end of his resources. While such a man may never become rich by the practice of his profession, those about him will respect his knowledge and acquirements, while he himself experiences a mental satisfaction that he would not exchange for all the gold of Ophir.

ORATION IN MEDICINE.

Delivered at the 144th Annual Meeting of the Medical Society of New Jersey, at Atlantic City, June 28, 1910.

THE BROADER ASPECTS OF MEDICAL SCIENCE.

By W. Gilman Thompson, M. D.,

Professor of Medicine in the Cornell University Medical College, New York City.

During the past two or three years, and notably the past year, very distinguished advancement has been made in many of the broader aspects of medical science, and achievements have both been accomplished and inaugurated which are of world-wide importance and strengthen the just claim of medicine to rank among the greatest departments of classified knowledge.

Among these achievements may be reckoned the discovery of the widespread distribution of the hookworm disease in this country, a discovery so promptly met by the munificent fund of Mr. Rockefeller for its study and extermination; the recognition of pellagra as another menace to our national health, and the means employed for its extinction; the continued demonstration, through the magnificent work of Colonel Gorgas, of the abolition of yellow fever and the gravest forms of malaria from the Canal Zone of Central America; the ability of our Quarantine and Marine Hospital services to deal effectively with bubonic plague and other serious infections menacing the public health; the great reduction in tuberculosis mortality, amounting in some localties, as in the State of Massachusetts, to fully 50 per cent.; the discovery by Simon Flexner of the serum antidote for cerebro-spinal meningitis, and by Sir Almroth E. Wright of the principles of modern vaccine therapy; the recognition by the nation, after many years of entreaty, of the necessity of a pure food and drug law; and the able and efficient campaign of the American Medical Association against the iniquitous nostrums and patent medicines. Moreover, the net is drawing closer around the cause of cancer. A decided advance has been made in destroying the belief in its necessary heredity, and the prediction seems justified that we are upon the verge of discovery not only of its cause but of its cure or amelioration, without necessary operation. It already ranks with tuberculosis and uncinariasis in having drawn forth enormous private funds to aid in its research.

Never before in our medical history have our National and State associations been so efficiently organized and productive of the highest scientific results.

Although the measure has temporarily been defeated by the vendors of nostrums and adulterators of foods, the President and at least one of the National political parties stand definitely committed in favor of the establishment of a National Department of Public Health, under which shall be concentrated much of the admirable scientific work now done in the Bureau of Animal Industry and other sub-divisions of the Department of Agriculture, the Marine Hospital service, the various State quarantine boards and other sub-divisions, and which further shall be charged with the investigation and control not only of pandemic diseases, but of the regulation of many problems of interstate and National importance, after the manner in which they have long been dealt with most efficiently by the foremost European nations.

The public is slow to appreciate its growing debt to medical science, and continues to follow strange gods, and blindly seeks to harass and restrict it by pernicious legislation. It still turns to the quack and the charlatan, the osteopath and the mind healer, the optomatrist and the patent medicine bottle, the lurid misrepresentations of the yellow journal, and, worst of all, the self-styled "anti-vivisectionist," who, with ignorance, malice and turptitude, seeks to harass and restrain those who are devoting all their energy to the highest benefit of the human race, as, in fact, to animals also.

But achievements, however brilliant, should not blind us to shortcomings, and we may well ask whether, as physicians, we are maintaining the position in the community to which we are rightfully entitled and which should be our privilege to command.

Why is the old-time "family doctor," who

knew one's constitution and mental as well as physical tendencies, and whose advice was heeded as his presence was honored by the entire household, become as extinct, almost, as the dodo, or mythical as the ornithorhyncus paradoxicus? Why does the otherwise intelligent layman permit the so-called osteopath, with the education of a plumber, to twist his spinal column to the verge of paralysis, to "cure" everything from appendicitis to strabismus? Why does he take the advice of a casual acquaintance for the cure of his rheumatism, when he would regard as an impertinence advice from the same source as to the proper bait to use in fishing? Why do the laymen among hospital and training school trustees so frequently ignore medical representation upon their boards, and determine the erection of hospital pavilions without seeking adequate professional advice? Why is the long list of the occupation diseases of modern life permitted constantly to increase through lack of better organized medical supervision and control? For the conservation of its material resources the Nation is eager to devote its millions, but the conservation of human life as concerned in developing those resources, as, for, example, in mining, transportation and many hazardous occupations, has heretofore met with meager consideration.

The answer for some of these questions is complex, but for others it is not far to seek, for the responsibility lies with the medical profession itself. Undoubtedly what may be termed a lack of loyalty of patient to physician, is largely due to a misconception on the part of laymen as to specialism. Beginning with the legitimate differentiation of work requiring the use of delicate instruments and constant practice with difficult technic, such, for example, as that required for operating upon the eye, the public has been taught to regard the human organism as a sort of checkerboard or picture puzzle, each division requiring an independent specialist to understand it. This delusion is strengthened, no doubt, by the great increase in medical research and therapeutic and surgical appliances which suggest the impossibility of any one person becoming equally familiar with them all. It is fostered also by the lay press which now invariably alludes to any person of note who happens to be ill, as being attended by an "eminent specialist"—in pneumonia, the grippe, etc. As one who is still struggling to remain a general practitioner, I may be permitted to refer in illustration to recent actual experience. Not long ago I was seriously consulted (by one who had deserted his family physician) as "a specialist in preventing hair from falling out after typhoid fever." (I am unable to give the Latin equivalent!) Shortly afterward I was consulted by a gentleman from Kansas, because he had heard that I was an "eminent specialist" in Addison's disease, an occupation likely to prove as fruitful as smoking glass for total eclipses of the sun! Another man from a town in this State wrote to ask if I were not an "eminent specialist" in diseases of the kidney, as his own doctor knew about livers, but not much, he feared, about kidneys! What a lamentable attitude of mind which regards diseases as a series of entities confined to independent organs, and how certainly does it lead to serious if not fatal blunders!

A second factor in the depreciation of medical worth may be found in the estimate which many physicians place upon themselves by asking so little for their services, for, within reasonable limitations, one is taken largely at his own valuation in the world. Because much medical work is well known to be always done for charity, there are those among the well-to-do who are only too glad to have the mantle of charity cover themselves, as there are physicians whose inexcusable lack of business method leads to the inference that the laborer is not worthy of his hire. There can be no question that a large proportion of the medical profession, especially in rural districts, is grossly underpaid. With totally different living requirements to-day, it is unreasonable to expect merely the same remuneration that was accepted a generation ago, and surely the services of a man having 20 or 30 years of experience should, as in other professions, command more than those of the novice who was graduated yesterday. In such matters the laity accept the standards offered them, and the layman who is guided through the crisis of a pneumonia, for instance, naturally is led to depreciate the value of the skill, experience and time of which he has been the beneficiary, if he is called upon to pay only the value of a few postage stamps per visit from his doctor.

A third undoubted factor in medical depreciation is the lack of firmness on the part of many physicians in denouncing promptly and vigorously the wiles of the charlatan and the evil which lurks in the nostrum.

"I have a confession to make, doctor."

says the fickle patient. "I have been to see a 'healer' for my rheumatism. Of course, I know he isn't a regular doctor, but I thought his treatment would do no harm, and you wouldn't mind, and he told me that one of the bones in the neck had slipped and presses on a little nerve that goes to the liver."

Shades of Galen and Paracelsus! And the doctor, ignoring the insult to his knowledge and skill and experience, meekly replies that he "doesn't mind." But he ought to, and he ought to make plain then and there that falsehood and deceit in the guise of a healing art are no less damnable than in any other capacity. We are very brave in visiting our legislative halls *en masse* to oppose the licensing of organized quackery, but how many of us take the trouble to explain to the individual patient how he has been duped?

A fourth method of alienation of patients exists in the modern habit of ordering or permitting them to use patent and proprietary remedies which almost invariably are accompanied by a copious descriptive literature. The layman is not to blame if he argues that if one patent medicine is endorsed, others may be equally desirable, and soon takes his treatment into his own hands. The American Medical Association, in its entire history, has done no more creditable work than its exposure of the nostrum evil through the researches of its Council of Pharmacy, and in emphasizing again the fact that our legitimate pharmacopœia affords the only rational and scientific basis for medication. When one reflects that the chief sources of general information in medical matters available to laymen, consist in the sensational articles of yellow journalism and the alluring prospectuses of the nostrum promoter, enriched by screeds from the anti-vivisectionist, there is little wonder that scientific standards are lowered and the dignity of the true profession suffers.

Perhaps we have erred on the side of extreme modesty in the fear of being accused of too much self-interest in making public claim for medical progress in print or otherwise. The Medical Society of the County of New York, during the past winter, inaugurated a system of free lectures upon public hygiene, which proved most successful, and similar work is being undertaken in other parts of the country, the idea being to instruct laymen, and women especially, in the right point of view, so that they need not give their infants scurvy through following the advice of dealers in proprietary foods or give themselves alcohol, cocaine or morphine habits through the advice of nostrum vendors; and furthermore to instruct in the general principles of personal and public hygiene.

A great medical society like this of the State of New Jersey should occupy the position in the community of a clearing-house or court of appeal in all the broader aspects of medical science in so far as they concern general public interests, and the public might well become accustomed to seek its advice and trust it implicitly in all questions which affect the medical welfare of the community. Its position should not be merely passive in passing resolutions of approval or condemnation, but vigorously active in pursuing to conclusion the undertakings for which it stands. There are many urgent problems which need only to be assailed systematically to produce lasting results of the highest good. Such, for example, are the extermination of typhoid fever and malaria, the disposal of town sewage, the control of milk supply, the limitation by educational effort of the social evil, the questions of school hygiene, modern hospital construction and the limitation of the great and increasing variety of occupation diseases.

It may seem unwarrantable boldness to refer to mosquitoes in New Jersey, but the extermination of malaria (like that in part of typhoid fever), at least in epidemic form, is now known to all to be solely a question of funds intelligently applied, and the maintenance cost is a minor matter, once the initial drainage improvements are perfected.

The economical disposal of town sewage and of street filth, it may be claimed, constitutes problems for the sanitary engineer, and in its accomplishment we are far behind many European countries. Experience shows, however, that until the matter is urged by authoritative medical influence, little progress is made.

The researches of the New York City Department of Health have proved within the past few years that almost all the typhoid fever originating in that city may be traced to milk, often infected by typhoid carriers. The successful, though limited work of the Milk Commission of the Medical Society of the County of New York, affords another admirable illustration of the manner in which co-operative and authoritative medical influence may act.

The prevalence of venereal diseases, which constitutes so serious a factor for medical

combat, is not likely to be lessened until physicians agree among themselves upon a rational campaign of education.

The appointment of visiting physicians and nurses to attendance upon the public schools has accomplished the greatest prophylactic benefit wherever it has been undertaken, and the system should be established by every State Medical Society.

The rate at which new hospital buildings are being erected throughout the country is extraordinary. A glance at the columns of the National Hospital Record shows that during a period of two months only of last year, 55 new hospitals, or extensive additions to existing hospital plants, were being erected throughout the country, many of them, it is to be feared, of imperfect design. The idea is new that the modern hospital building should be adapted structurally for treatment of disease, and not a mere dormitory where the sick, with every variety of ailment, are placed in long rows in the ward, under precisely identical conditions of environment.

This structural adaptation consists in having almost as much of the hospital building outside of its walls as inside; *i. e.* presenting broad verandas, with different exposures, to allow of the outdoor treatment of a great variety of bed-ridden patients, and the construction of flat roofs, adapted for exercise, shelter and recreation. As much or more of the building is required for administrative therapeutic and laboratory purposes, as for the mere housing of the sick. Moreover by co-operation between different hospital institutions, which is almost everywhere so strangely lacking in this country, much may be gained in efficiency of administration, the proper distribution of patients, and economy of purchase of supplies. In Paris, for example, 28 different general hospitals are controlled by the same central administrative system, and even such a detail is carried out as the uniform engraving of the temperature charts in one place for all, and in a special library are over 3,000 books and architectural plans, dealing with hospital construction and administration.

A State Society, such as this, might accomplish great good by maintaining a permanent Hospitals Committee of experts, charged with collecting such data, and furnishing information and advice to laymen or municipalities contemplating the erection of new hospital structures.

Few who have not made special study of the modern occupational, industrial or environmental diseases realize the extent to which they prevail, or the ease with which many of them might be prevented. The main difficulty is that for the most part they are acquired so insidiously that a hopeless degree of pulmonary, arterial or renal sclerosis or other serious structural change has occurred before the patient realizes the hazard of his work. For example, are the dust exposure occupations typified among workers in grain elevators, mines, stone cutting, metal filing, glass grinding, woolen factories, etc.; the exposure to noxious chemical fumes and illuminating gas; the nitro-glycerine poisoning of makers of gunpowder, the chronic metal poisonings; the long list of occupation and traumatic neuroses, and the disorders of digestion and grave anemias begotten of special abuses of foods, drink and drugs connected with occupation. Upward of 125 different occupations expose the worker to lead poisoning, and Dr. Montgomery H. Sicard, of my Cornell Medical Staff, has made a special investigation of the prevalence of metal poisoning among brass workers. Another member of the Staff, Dr. Frederick L. Keays, has published the result of his interesting experience with the caisson disease, while physician to the Pennsylvania tunnels under the Hudson and East Rivers. There were no fewer than 20 deaths among the 3,692 cases that occurred among 10,000 workmen employed.

The lamentable feature of the occupation diseases is that they are nearly all preventable, and what is demanded is authoritative enlightenment of the public and if need be, of legislators regarding them.

In concluding this brief resume of some of the present aspects of general medical science, there is one more topic upon which I would lay special emphasis, namely the importance of the establishment of small clinical laboratories for the use of the general practitioner. The subject of clinical laboratory aids to both diagnosis and treatment, *i. e.* of microscopic, bacteriological and chemical analyses of the blood and excreta, etc., and the preparation of sera and vaccines, has long attained to a development which places it beyond the personal scope of the general practitioner, and commands the entire time of the trained laboratory expert. Results, to be of value, must be prompt, and sending specimens to a distance is unsatisfactory. Moreover, in many instances, the laboratory expert can best obtain the specimen personally, by his own method. Such laboratories may be established under the auspices of a State

Society or a municipality, and may be housed in a small hospital, or erected in rural districts, at little cost, and maintained by local co-operation among groups of physicians, and there are plenty of young graduates available to operate them. A most successful one I have seen in a small town in the interior of New York State, made entirely self-supporting by the fees of the patients who benefit by it, and already indispensible for the physicians of the neighborhood. A little co-operation was all that was needed to bring about admirable results.

The modern functions of the physician are fundamentally three-fold—to serve the sick, to develop medical science, and to act as educator and sponsor for the public physical welfare. It is the latter function which constitutes a special opportunity for a State Medical Society. The Medical Society of this State has a most honorable record in such achievement. It has also a wide field for further undertakings and for influences which may reach far beyond the State, in all which I wish it Godspeed.

ORATION IN SURGERY.

Delivered at the 144th Annual Meeting of the Medical Society of New Jersey, June 28, 1910.

WHY AND BY WHOM SHOULD SURGERY BE ADVISED.

By John B. Deaver, M. D., LL.D., Philadelphia, Pa.

The practical correlation of the various branches of medical practice in order to secure the greatest efficiency in our fight against disease has become increasingly difficult as the various specialties have become more numerous and well defined. Whatever we may think of this subdivision of professional labors, it is a condition that is with us and must be reckoned with in any consideration of conditions the treatment of which does not fall readily into the scope of the man of general knowledge and practice.

We are accustomed to think of specialism as an innovation. That is true only so far as it applies to very modern medicine. In all settled states of society specialism has gradually and necessarily emerged as knowledge increased and special skill was placed at a premium. Thus Walsh has called attention to the high development of specialism in Egypt 400 years B. C., as given us by Herodotus. This historian tells us that "physique is so studied and practiced with the Egyptians that every disease hath his several physician, who striveth to excel in healing that one disease and not to be expert in curing many, whereof it cometh that every corner of that country is full of physicians, some for the eyes, others for the head, many for the teeth, not a few for the stomach and the inwards."

We have not yet reached this Egyptian ideal of a specialist for each several disease, and I devoutly hope we never shall. Yet the demands both of diagnosis and treatment have so grown in their scope that it is folly to expect any one man to compass the entire range. Necessary, therefore, as this subdivision has become it is not an unmixed blessing. Working in different fields men suffer a detachment of interest, and are apt to exaggerate the importance of their particular functions and to extend its limits in an unnecessary and unwarranted manner. On the other hand, those who are in general practice, unless they be unusually vigilant and blessed with exceptional opportunities, gradually grow less and less familiar with the specialties and neglect to call upon expert advice and treatment often with great detriment to their patients. To discuss the many and varied phases of this problem is beyond the scope of a short paper, and I have chosen to-day to deal only with that aspect which concerns the relations of the surgeon and the general practitioner.

It is not until a surgeon's reputation outgrows professional limits that the laity come to consult him directly without being referred by a physician. Even those few who are known beyond professional circles are beholden to their colleagues for by far the greatest part of their practice, while the average surgeon has practically all his work referred.

It is readily seen therefore how important for the patient who is in need of surgical treatment, is the attitude of the physician towards surgery in general and towards the surgeon in particular.

There was a time in the history of medicine when the surgeon simply furnished hands for the physician, to whom any form of manual treatment was barred as beneath his dignity. As Sir Clifford Allbutt has pointed out, this divorce of handicraft from the higher faculties of medicine for a long time kept surgery in the subservient position of a trade followed by the barber sur-

geons, while at the same time internal medicine became fantastic and sterile. It was not until thought and action were again united, as exemplified by Ambrose Pare and John Hunter, that medicine became once more sane and productive. Even as late as Billroth it was necessary for him to urge that "the physician who proposes refusing to treat surgical patients and to attend solely to the treatment of internal disorders, must have some surgical knowledge or he will make the grossest blunders."

To have some surgical knowledge was not in Billroth's mind the equivalent of being able to select and perform the operations of surgery. Even in those early days of progress made possible by antisepsis and asepsis it was not possible for one man to be proficient in internal medicine and surgery at the same time.

With the great extension of surgical treatment the hopelessness of such a task is even more apparent until to-day, the requirements of back woods treatment only, can justify such a union. "Ye cannot serve two masters," and the man who practices internal medicine as a vocation, but will yet undertake serious operations as occasional opportunity presents, I can only characterize as a betrayer of his patient's confidence. Billings has well stated the proper attitude towards this occasional surgeon when he said that "he would not have any surgeon operate upon one of his patients whom he would not have operate upon himself."

Proper administration of the anesthetic and the emergencies which may arise therefrom, a judicial estimate of the patient himself as an operative risk, a wide experience with living pathology of operative conditions, the selection of the operation most suitable to the case, the quick and skillful performance of the manipulations, a broad grasp of the machinery of the operating room, a thing which may never be delegated to others, these are some of the sine qua nons of successful operative work which require the quick intuition that comes only of concentration and constant contact.

Severance of treatment therefore is necessary. At what point should physician and surgeon first meet to secure the best results? If the physician holds that the surgeon is to him only an additional pair of skilled hands, he will delay this meeting until after he himself has decided that surgery is necessary. He is then a medical anachronism, practicing his profession after the manner of the middle ages. The general increase in knowledge and diagnostic ability cannot alter the fact that this relation between internist and surgeon has been tried and found wanting.

Such men rarely hit upon the most favorable time for operation. Either the case is delayed with more or less detriment, or, as happens not so infrequently, they urge the surgeon to perform an operation which is not to the best interest of the patient. Never have I found a practitioner who relied upon himself entirely in the advisement of surgery, however eminent he may have been, who did not make easily avoidable errors in this respect.

The knowledge which the internist is gaining to-day concerning surgical diseases comes second hand from the surgeons themselves. Especially have the teachings concerning diseases of the abdominal organs been rewritten since the surgeon began his inquisitive explorations.

To realize how true this is it is only necessary to read the chapter in Osler's last edition of his Practice on Diseases of the Digestive System. I cannot forbear quoting from his remarks on the diagnosis of peptic ulcer of the stomach and duodenum: "From gastralgia, dyspepsia and hyperchlorhydria the diagnosis of the chronic indurated peptic ulcer is very difficult, in many of these conditions, indeed, surgeons have shown clearly that the symptoms are due to an ulcer. That the brothers Mayo have operated (to June 1, 1908) on 272 cases of duodenal ulcer (as many almost as have been reported in the whole literature), and that Moynihan should have had to June, 1908, 174 cases, indicates that we physicians have been napping, and that what the modern 'gastroenterologist' needs is a prolonged course of study at such clinics as Rochester or Leeds." Surely these words must be convincing coming from one of the greatest living internists. Quick as is the printing press at the present time, whenever such statements become crystalized and embalmed in book form it is certain that the facts of the case have been known for a considerable time in quarters where the world's constructive work is being done. Many cases, therefore, are being allowed to drift into a hopeless stage when personal relief is at hand, though the books have not yet caught the situation. I can illustrate this again from the very chapter in which there is so much to be admired. In speaking of the etiology of cancer of the stomach, concerning the role of gastric

ulcer it is thought enough to say that "four cases (of his series of 150) gave a history pointing to ulcer, but there was no instance of ulcus carcinomatosum among the autopsies." If we had needed a better instance of the futility of post-mortem examinations in unravelling the living history of disease than has been given by the surgical illumination of diseases of the right iliac fossa, we have it here. Surgical statistics which are made up from cases seen in life before the advancing process has blotted out the relation of cancer to preexisting ulcer prove conclusively that from 50 to 75 per cent. of all cancers of the stomach arise upon an ulcer base. In the majority of cases ulcer had not previously been suspected, the diagnosis being one of the various forms of indigestion and the treatment being either neglected or consisting simply in alkalies or stomachics. At a time when cancer of the stomach is heading the list of deaths from malignant causes it is inexcusable apathy for a learned profession to neglect the plain lesson in this fact. If the cure of cancer of the stomach is practically hopeless, its prevention is by no means so, and consists in more active treatment of obscure gastric conditions. This need not be operative in many instances, but when the symptoms are resistant to careful treatment, the opinion at least of a well informed surgeon should be obtained. At the present time the surgeon is a far safer doctor for the man who has abdominal trouble than is the too optimistic internist. I would not be interpreted as saying that operative treatment is safer in all instances than non-operative.

My conception of a surgeon as a specialist in surgical diseases leaves him free to advise operation or not according to the exigencies or prognostics of the case.

To the prognostics of the case special attention should be given. There are to-day few so ultraconservative as to shrink from such emergency operations as are necessitated by an extrauterine pregnancy or a perforative accident to a viscus. But in those conditions which offer slight immediate danger, but are slowly cumulative in their effects upon the general health, which are in constant menace of acute exacerbations, or are fraught with probabilities of disastrous complications or sequelæ, there is unfortunately less inclination to advise according to the prognosis. In many cases I find also well informed physicians entertaining an altogether exaggerated notion of the risks of certain operations. It is truly marvellous with what celerity the mortality of most operations has been reduced in the past few years. It is impossible for anyone not in constant touch with surgery to estimate its changing risks. How can the advisability of an operation be affirmed or denied without light upon this important point? I am sure that many operations are deferred to a less convenient season because of an ungrounded fear of the consequences of the operation itself. Many cases of chronic appendicitis masquerade for considerable time as "indigestion." There are cases in which every symptom is referred to the epigastrium. This fact has only recently been established by surgery. Such a sufferer has a small chance of relief indeed from stomachics. In chronic appendicitis the mortality has actually become nil in skilfull hands. Can any one say that chronic apendicitis entails no risk to life when every day we are seeing fulminating exacerbations of such cases? Let me quote from Osler once more, "Gradually the profession has learned to recognize that appendicitis is a surgical disease. Many lives are lost by temporizing. The general practitioner does well to remember—whether his leanings be toward the conservative or the radical method of treatment—that the surgeon is often called too late, never too early."

The gall bladder also furnishes its quota of cases of indigestion. It is now recognized that statements of textbooks concerning the latency of gall stones are in error, and were due to two causes, first the failure to recognize painful and functional disturbances of the upper abdomen as due to gallstones in the absence of classical symptoms of colic and jaundice. Secondly, to imperfect histories upon cases in which stones were found in the bladder post-mortem. I do not believe that gall stones are ever formed or retained in the gall bladder without any symptoms. It has been our interpretation that was at fault; and in proportion as we elicit careful histories that so-called latent cases diminish in number. It has been my experience that practically only those cases come to operation in which the diagnosis and operative treatment were forced upon the physician. These cases usually show signs of many attacks of inflammation with thickening of the gall bladder, pericholecystic adhesions and stones in most difficult locations for the surgeon. The complications, not the disease itself, furnish the mortality of operative treatment. I have seen physicians feli-

citate themselves upon finding a dangerous and difficult condition as indicating that their recourse to operation was fully justified. The time has come when such a state of affairs constitutes a reproach, meaning that the best time has been allowed to pass and the patient brought by delay in jeopardy of his life. An easy operation means a safe and easy recovery.

Pancreatic disease adds to the obscurity of symptoms in the upper abdomen. Since Fitz first called attention to acute inflammatory diseases of that organ it has been dragged forth from its modest retro-peritoneal retirement, and gradually we have come to recognize the existence of lesser chronic forms of inflammation which give symptoms capable of recognition. It has been determined that in the vast majority of instances pancreatic disease is dependent upon disease of the biliary passage, the inflammation being usually imparted to the pancreas by way of the common duct, which in two-thirds of all cases pierces the head of the pancreas. The so-called triangle of pancreatic inflammation is that portion of the head which is included between the ducts of Santerini and Wirsung, and is the portion which is most exposed to infection from cholangitis.

It is clear theoretically, and has been demonstrated practically that measures which restore the biliary apparatus to a healthy condition will permit subsidence of the accompanying pancreatic disease, arresting sclerosis and its complications, and rendering unlikely those fulminating inflammatory conditions known as hemorrhagic, suppurative and gangrenous pancreatitis.

In the treatment of these diseases one of the greatest principles of surgery is invoked, namely, free drainage, usually by means of a cholecystostomy or preferably cholecysto-duodenostomy. It is a mistake to suppose that the surgery of the biliary passages is directed chiefly at the stones for these are but one manifestation of an infective process which we may speak of as gall stone disease. Only after this disease has been present for some time do gall stones make their appearance, nor do they occur in every instance. It is impossible to be sure in advance of operation whether stones are or are not present for there is no symptom of the presence of atoms in the biliary tract which may not be duplicated by simple infective conditions.

Operation therefore is to be considered as directed at the diseased condition, which is responsible for gall stones as only one of its manifestations. It is the most rational and most effective way of dealing with the affection. In saves invalidism, obviates complications and reduces mortality. It is the true preventive surgery which does not ask the surgeon to walk but one step in advance of the undertaker.

Preventive surgery presents this difference to preventive medicine. The latter considers the individual in a state of health, and attempts to ward against the contraction of disease. Preventive surgery has nothing to do with the normal person, but only with those who have already been seized with an affection which is dangerous by reason of the likelihood of development or complication. Preventive medicine deals with the prevention of diseased conditions in general, surgical included. Preventive surgery aims to prevent the disastrous consequences of a diseased process already in motion. Preventive medicine is sociological and deals with people, their customs and habits en masse. Preventive surgery is individual, and aims to restore the unit of society to a state of health. Just as preventive medicine has been the greatest development of our art in modern times so preventive surgery is a product of enlightenment. For its practice a wide knowledge of the natural history of surgical diseases is necessary, in other words, a knowledge of prognostics which Hippocrates considered the God-like art. Unless the physician will give up the time necessary to keep abreast of developing surgical knowledge, or unless he will make more frequent use of the surgeon's special fund of knowledge and think less of his scalpel, the progress of preventive surgery will be slow and desperate operations, those handicap races with the undertaker will continue to thrill our operating rooms and bring sorrow to relatives. I wish to protest against our detachment. To fight disease we must be brothers in arms. For every operation there should be many consultations, instead of many operations for every consultation, as is now the case. I respectfully submit as my conviction after a long and active surgical experience, that the physician alone is not a safe judge of the time or necessity for surgical treatment. His medical knowledge of the case is invaluable, and should be largely used in the decision. That decision, however, should be arrived at as the product of medical and surgical deliberation together. When this is done early in the progress of the case the solution of the

question I have propounded will issue easily and naturally as a result of mutual understanding and agreement. The best interests of the patient will be conserved, precipitate surgery will be checked, and likewise eleventh hour operations be relegated to the past.

1634 Walnut street.

THE PRODUCTION AND USE OF VACCINE VIRUS.*

By Richard Slee, M. D.,
Nanuet, N. Y.,

Director of the Lederle Vaccine Laboratories, Nanuet, N. Y.

The fact that we are without positive knowledge as to the causative agent of cowpox renders the production of a reliable vaccine virus a question of great difficulty. We are dealing with a living organism or body whose life's history we know very little about, and our work is based wholly upon experience, and not upon actual known facts, as in the case of diphtheria, tetanus and other antitoxins or vaccines.

Vaccine virus, which is produced by inoculating a calf with the product of a previous calf, deteriorates in varying degrees of rapidity. It is necessary to test carefully the clinical activity of the virus produced from each and every calf, because virus will apparently at times lose its power of producing human vaccinations, although it will give typical results upon the calf. To offset the deterioration of vaccine virus, it is necessary quite frequently to pass the vaccine through children or through rabbits for the purpose of renewing its activity. Experience shows that a certain percentage, probably about 10 per cent., of apparently successful vaccinations on the calf give a very low percentage, or a total failure, upon the human subject. It is also a fact that virus produced in the very coldest months of the winter has, as a rule, a relatively long life, from four to six months, whereas virus produced during July and August is notoriously unreliable and short lived. Yet our present school laws requiring the vaccination of children at the opening of the fall session necessitates the use of a virus which all producers recognize as being uncertain and, in many cases, unreliable.

In marketing a vaccine virus, we are required by the regulations of the Treasury Department of the United States to date same as to its expected life. This means that it has been found that the average virus, after having passed preliminary tests, should retain its activity for a period of at least three months, but there is absolutely no way in which the life of any given lot of virus can be predetermined, and all datings of virus are purely guess-work based upon experience. Those of us who are working constantly with this subject find that the variation is quite marked. Many lots of virus will test out fully active, sometimes up to even a year or more after production, whereas other lots that give a perfect clinical result at the end of one month from the date of production will very rapidly deteriorate, and at six weeks be almost or absolutely inert.

The regulations of the Marine Hospital Service have prohibited the production of the so-called dried ivory points. All manufacturers are, therefore, upon the same basis, and the only recognized form in which vaccine virus is now distributed to physicians in the United States is the glycerinized pulp vaccine. Up to relatively recent date, many physicians used the dried ivory point. There was no preliminary care or precaution taken to determine the purity of these points and they were distributed to the physicians within a few days of their production. Unquestionably the percentage of takes were often relatively higher than with the glycerinized virus. At the same time the percentage of unnecessarily sore arms, and sometimes very serious infections, were much more common, and the laity especially were apt to gauge the success of the procedure by the amount of local or general disturbance which followed rather than by the character and formation of the resultant vesicle.

The procedure now in use for the production of glycerinized virus may be briefly described as follows:

The calf is vaccinated with virus which is the product of a previous calf that has been carefully tested and found to be free from dangerous organisms, and also fully active. Upon collection, this virus is weighed and ground with certain definite amounts of glycerine and distilled water, the glycerine being a weak antiseptic and preservative. Harmful organisms, should they be present, die out in this emulsion in from three to six weeks, when stored under proper conditions. As soon as the emulsion is produced, bacteriological tests are undertaken,

*Read before the Bergen County Medical Society at a meeting held at the Lederle Farm, Nanuet, N. Y., May 10, 1910.

these requiring from a week to ten days as a minimum. We are then required by the regulations of the Marine Hospital Service to inoculate animals for the purpose of determining if any pathological organisms, especially those of tetanus, are present. These various tests all told occupy a period of three weeks on an average. The appearance of the take upon the calf is no criterion as to the clinical activity of the vaccine when used upon the human being, and this necessitates testing same upon a human subject before issuing it for general use. This requires another five to eight days. The result of all these tests is that vaccine virus seldom leaves the hands of the producer before it is at least one month old, oftimes longer.

Close observation of the work for many years shows that many lots of virus which are fully active and give an actual 100 per cent. of takes in primary cases, when the virus is from four to six weeks old, will within a short period, say two or three weeks, lose almost entirely its vaccinating power. This means that a virus that has been thoroughly and carefully tested by the producer and is fully up to all the requirements both of the Marine Hospital Service and of the clinician, when issued by the laboratories may, in the short interval between its shipment from the laboratories and its passage through the hands of the druggist and its use by the doctor, lose partially or entirely its vaccinating properties, the result in many instances being that the product of the laboratory is condemned as unreliable. The physician and the health officer should bear in mind the conditions which confront the producer. He is required, under very severe penalties, to make certain necessary tests which occupy a definite period of time. These tests shorten the life of any given lot of virus probably three or four weeks when compared with the old-fashioned ivory points, but the results when obtained are much safer and much more satisfactory.

Another cause of failure is the improper keeping of vaccine virus after it has left the hands of the producer. Vaccine virus is most susceptible to temperature changes and exposure to light, and especially susceptible to antiseptics of all kinds. In the laboratory, the stock vaccines are kept at a temperature below freezing, if possible, and it has been found that maintaining virus at a temperature above 60 or 65 degrees causes, in many instances, a very rapid deterioration. It is thus readily seen that a fully active virus upon leaving the laboratory may suffer quite seriously during its passage through the mail or express cars, and subsequently by improper handling either by the druggist or the physician. Most of the packages on the market are marked with the injunction that the virus should be kept in an ice chest winter and summer. If the interested physician will follow the matter up, he will find that this most necessary injunction is commonly overlooked.

In the preparation of the arm we have frequent failures, first, because antiseptics are at times used. These should, under no circumstances, be employed. The arm may be scrubbed with clean soap and water, thoroughly washed and dried, and then with a little absorbent cotton, sponge the site selected with a little ether to remove the superfluous accumulation of grease and dead skin. When this is dry, the scarified area should not be more than one-eighth to one-quarter of an inch in circumference. This is best done by the use of a cambric needle, making three incisions cross hatched, thus:

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Care should be taken not to draw any blood, but simply to produce a slight oozing of straw-colored serum. The free-flowing of blood will wash out of the incision the vaccine organisms, and if it does not do so, the formation of a firm blood clot will frequently enclose these organisms and render them inert. Surgeons recognize the fact that the best protective dressing for a wound is the natural blood clot and this same fact plays a very large role in the production of successful vaccinations. Another very important matter is that the virus should be very thoroughly rubbed into the incision. The scratching with a needle does not produce a clean cut, but a minute jagged wound which favors the introduction of the vaccine organism, and time should be taken, say five to ten minutes, for this process with each patient. Haste is probably the cause of more failures than anything else. Physicians should bear in mind that trifling as the operation seems, the production of a successful vaccination is a surgical procedure, and unless this is realized and the several steps of the operation followed out, no one is to blame for failures except the operator himself.

The subsequent treatment of properly performed vaccinations is quite simple. Shields should never be employed. There

is no necessity for their use and they are a frequent cause of troublesome infections. Owing to the congestion and tumefaction which follows the initial operation, they are apt to exert undue pressure, retain the discharges and are very hard to sterilize. The simple and most satisfactory method is to allow the vaccination to thoroughly dry and then to keep pinned inside of the undershirt a loose handkerchief of sterile gauze, thus allowing access of air and avoiding the poulticing of the surface which always follows when a bandage is applied immediately to the arm. If the skin is carefully cleansed beforehand, surgical cleanliness used by the operator, a clean gauze kept hanging over the site of operation and no infection conveyed by the hands of the patient, the physician will seldom see any unpleasant or unfavorable results.

Should, at any time, results be severe, with marked sloughing or ulceration, the proper procedure is to remove the crust with scalpel or curette, flood the part with peroxide and treat the base of the ulcer with a weak nitrate of silver solution. This procedure will limit the disturbance in practically all cases. Poultices, under no circumstances, should be used.

Dr. Slee, in a letter forwarding this paper to Dr. Hallet, says:

In the past when we used arm to arm vaccination, or almost the same thing in the ivory point direct from the calf, the chances of failure were much reduced, but the chances of unpleasant results were greatly increased. In conversation some time ago with one of the Marine Hospital officials, who supervise the work, he stated the feeling which seems to prevail—that they would much rather have occasional failures than the very unpleasant and frequently severe or fatal results following the old methods.

The growth of the anti-vaccination societies in this country is largely due to the undeniable fact that the protection by vaccination was sometimes followed by results that were more serious than would be a mild attack of smallpox. We are now passing through the transition stage, so to speak, and in a short time physicians will begin to realize that the regulations of the government are wise and that the failures from time to time are more than offset by the undeniable elimination of many severe and unpleasant sequelæ.

The Economic Cost of Tuberculosis.

The total cost in the United States exceeds $1,100,000,000 per annum. Of this cost about two-fifths, or over $440,000,000 per annum, falls on others than the consumptive. An effort to reduce the mortality by one-fourth would be worth, if necessary, an investment of $5,500,000,000. The erection of isolation hospitals for incurables is probably the most profitable method at present of reducing the cost of tuberculosis.—Professor Irving Fisher.

RURAL SANITATION.*

By Peter P. Rafferty, M. D.,
Red Bank, N. J.

A comparative glance at the relative difference between the efforts for sanitary improvement in the city and country districts, will show, that, while in the former a high degree of perfection has been attained, the less densely populated areas betray a condition of apathetic indifference, amounting in some localities to neglect of the salutary influence of such measures as will protect the community, whether directly or indirectly, from the inroads of preventable diseases.

I say indirectly, because of the relation which the rural territory bears to the city districts as the fountain head of many of the actual necessities of life, the most important of which being its water and food supply.

It may be assumed, and the assumption is undoubtedly a correct one, that the densely congested population of towns affords a more striking and instructive picture of the ravages of disease, and that, in the light of this prospective, the people are more easily impressed with the necessity of taking such measures as scientific investigation has proven to be effective, in limiting the advance of preventable diseases by limiting their causation.

Sanitation in the United States is influenced by three important factors—Political, Financial and Educational.

The political factor is the element which must be overcome before protection of the health of a community can be considered to be at least as important as the protection of its property, and it is necessary that the obstructing influence of this obstacle in the pathway of health conservation be set aside before the second factor, or the financial means, to enact, maintain and enforce such sanitary regulations as will produce beneficent results to the community, can become active.

It therefore follows that the elimination of adverse, or indifferent, or resisting political forces means the application of the necessary funds and legislation to accomplish results in the active warfare against the transmission of preventable diseases.

It is by education, and by education alone, that this can be accomplished. It is only when the people have been taught the actual dangers which threaten them, when

*Read before the Practitioners' Society of Eastern Monmouth County, May 12, 1910.

they have been shown the relation between cause and effect, between exposure and infection, between contamination and its results, by logical deduction and practical illustration, that the instinct of self-preservation will assert itself and a means of protection established.

We have most admirably constructed and well enforced laws for the protection of rabbits, fish, and the various other kinds of game, but, alas, no protection, beyond a few feebly enforced State laws for the pollution of the stream which wends its way, with a joyous clamor that has furnished material to poets for centuries, through pleasant places, singing its usual song of pleasure, but neglecting to mention that aside from its musical and literary treasures, it may also bear active, well developed specimens of the bacillus typhosus, also answering the call of spring, having been released by the vernal thaws from some abode of ignorance or indifference, hurrying on to the fulfillment of their destiny, to pollute, unless intercepted, the potable water supply of some community.

As there is scarcely a stream in the rural districts, which does not contribute either directly, or after merging with some larger body of water, to the potable supply of some individual or community, the necessity for the enactment and enforcement of such measures as will preserve, unpolluted, every stream which either directly or indirectly contributes to the water supply of any community, is obvious.

The means by which infectious material may find its ways into streams are numerous. Carelessness or ignorance in the disposal of animal excreta, active drainings from privy vaults and stables, both of which are often situated upon the high banks of streams in order to facilitate the advantageous combination of gravity and water.

Reference may be made here to the use of human excreta as fertilizer, either obtained from the so-called sewage disposal plant of some small town or collected by scavengers from cesspools and spread over large areas of producing soil, whose products are gathered, sorted, packed and marketed, with the possibility of infection to all who handle them until they are cooked. If they are of the uncooked varieties, so much the worse, the field of activity of such micro-organisms as may accompany them being then increased by their introduction into the alimentary canal of the consumer.

In the same connection might be mentioned the infection of oysters from the pollution of the waters in which they are raised or fattened. We read occasionally —and the occasions are becoming more frequent—of the storms of protest that arise from different localities against the introduction of tuberculous patients into the territory.

A few years ago a statement that tuberculosis was an infectious disease, would provoke a tolerant, but incredulous smile from the average layman. To-day, however, he is most thoroughly convinced of its transmissible character and most active in his efforts to stamp it out, and this is the result of teaching, by means of lectures, exhibitions and persistent publicity.

And yet, notwithstanding the wonderful progress that has been made in the campaign against tuberculosis, it still remains to be taught in many localities that a case of tuberculosis in a farm house has the same pathology and bears the same relation to its surroundings as a similar case in a city tenement, and this to a greater degree if the premises be devoted to the supplying of dairy products.

Next to its water supply the milk of a community is a subject of grave importance. The very character of the milk renders it a ready vehicle for the carrying of bacteria, and hence the conditions for its production and transportation cannot be too rigidly guarded, from the moment it leaves the udder until it reaches the consumer.

It would seem that no crusade of cleanliness could be too vigorous, that no laws of prophylaxis could be too unyielding, and that no system of inspection could be too perfect, in order to prevent the transmission of infection through this ready medium open to almost all the infectious diseases unless properly safeguarded.

By reasons of the conditions necessary for its development the breeding place of the mosquito is essentially in the country, and, therefore, the active warfare against this agent in the dissemination of disease must here be carried on. How much can be done toward the extermination of this pest needs no comment in this presence, but, alas, in the mind of the uninstructed the veil of skepticism obscures the vision of a logical fact and retards a valuable and beneficent prophylactic measure, and one whose results have proven positive and salutary.

It is in this connection that we see the inconsistency of the draining of large areas

of lowlands and the unrebuked presence of stagnant pools and uncovered rain barrels in the adjacent communities. It is evident from this that the knowledge of the connection between the mosquito and the diseases which she is capable of transmitting, has not reached that degree of perfection which is essential to a united and concerted action on the part of the health authorities and the public.

There is still another commodity which, while produced in the country has a direct influence upon the general health of both city and country, and that is the ice crop. How much infection is carried through this medium is difficult to estimate, but it is not unreasonable to assume, with the positive knowledge, derived from laboratory investigation, of the viability of micro-organisms in ice for months, that unless prophylactic measures are adopted in the production, harvesting and disposal of this substance, it must be considered a factor of more or less potency in the transmission of disease.

For the most part, the control of contagious diseases and the protection of the rural communities from unsanitary conditions are vested in the local Board of Health. These bodies, hampered by lack of funds, embarrassed by criticism, serving with neither compensation or gratitude, often unskilled in sanitation, owing to the reluctance of medical men to assume a task so discouraging, on account of the general lack of support and equipment, usually find themselves so utterly helpless to carry out the principles of prophylaxis, that the board finally becomes a school of diplomacy, whose policy is that the easiest way is the best, and an office whose ideals should be of the loftiest character becomes merely perfunctory.

It is here that apathy and indifference assume the places of activity and interest, that the isolation of contagious diseases becomes farcical, their subsequent disinfection ridiculous and their continued presence in the community for months assured.

The enforcement of the general principles of sanitation which apply to these towns is almost lifeless. Where sewer systems have been installed and should carry away the entire sewage of the community, open privy vaults and noisome cesspools are permitted to vie with stable yard manure piles in furnishing infection for the omnipresent fly to disseminate.

In many back yards the well which did duty previous to the installation of the new town water supply is still in use, situated as closely as possible to the aforesaid privy cesspool, and if the back yard should boast of a grade the privy is given the benefit of the distal end in order to insure the proper drainage of its contents into the drinking water in the well.

It would seem that what is needed by sanitation in general and rural sanitation in particular is standardization. A definite, perfectly regulated system of inspection, performed by qualified sanitary experts, appointed only after having demonstrated their fitness for the position.

A uniform method of quarantine, applicable to each contagious disease in all communities and an equally uniform method of disinfection, which must be carried out in all cases and under all conditions, together with a campaign of education in order to teach the masses the dangers of contagion and the means of prevention.

This could only be attained by dividing the State into sanitary districts, according to population, each district covered by an inspector, unembarrassed by lack of knowledge and lack of salary, under the supervision of a well organized and well squipped State Board of Health, whose conservative measures he shall enforce with unyielding firmness, but always assuming the role of instructor rather than detective.

True prophylaxis does not consist solely in the punishment for violations of the sanitary code, but rather in the prevention of the violations.

In concluding I desire to call attention to these three points:

First—The relation of prophylaxis in the rural districts to the conservation of the public health in the cities.

Second—The necessity for more active sanitation in the country.

Third—The necessity of public instruction on the subject of preventable diseases.

ABUSE OF MEDICAL CHARITY.

By John W. Reid, M. D.,
Kearny, N. J.

Perhaps no class or profession of men show greater anomalies of character and disposition than physicians. In their relations to patients often generous to the degree of forgetfulness of even the interest of those dependent upon them, they will as among themselves frequently display the most unwholesome "diathesis." Self-sacrificing in their attitude toward the public;

indulgent with those who have defrauded them of fees which possibly have been earned through the gravest anxiety, with perhaps the loss of much-needed rest—ministering, in short, to those morbidly affected with an unconscious display of the highest ideals of benevolent humanity and a disregard for personal health, comfort or financial return, yet the physician, speaking broadly, is seldom honestly sorry to learn of the professional discomfiture of his co-worker, and a run of bad results by his neighbor produces little vexation of spirit.

Why the exigencies of the profession should conduce to the development of traits so divergent—the one embodying all that is ennobling, and the other displaying a position at once illiberal and ungenerous—is a philosophical feature which need not be dwelt upon, especially when its effect upon the best interests of the profession affords a practical topic for discussion.

It is apparent that if medical men would bestow upon themselves even a modicum of the consideration which they give the public, many of the abuses of charity and much of the indifference of the people would be removed, with the resultant effect of greater monetary gain to the physician, and a higher estimate of his services and vocation on the part of the public. It is an accepted truism that human nature values everything at the price paid for it. Is it any wonder, then, that in these days of prodigious liberality on the part of the medical fraternity in the way of free clinics and free lectures on almost all medical subjects, that a large percentage of the public refuse to be impressed with the importance of the doctor's stipend?

It is evident that the days of the old family doctor—those days when sentiment and affection and high mutual regard between the doctor and his patient transcended purely financial considerations—are fast disappearing, and the business physician has taken his place in deference to the attitude of the public. One of the anomalies of this development, and one which it seems to me does not reflect creditably on the acumen of the profession, is the fact that while the effect of the change has been to make very many in the profession sordid and grasping, yet the willingness and even solicitude of many medical men to do work gratuitously so long as that work may serve as an advertisement for him, results in his doing much work for nothing, and to the extent to which he permits himself to do this thank-you work, to that extent he appears to cheapen himself, injures his family and the profession, and to a very great extent serves to put a premium upon hypocrisy and deceit.

But, it is argued, it is unavoidable that a certain proportion of the population of every community must obtain the assistance of charity. This must be admitted, even while it is a coignant fact that many of these wards of the public have their own improvidence of wanton habits to charge for their circumstances. But why should physicians permit themselves, and why should they be expected, to give gratuitous service to this class? In no other profession does such generosity on the part of the service-giver, or such take-it-for-granted benevolence on the part of the public, manifest itself. It is true that the poor man's right to life and liberty, when assailed, will be defended without cost to him, and defended with a zeal and faithfulness equal to that given to the man with abundant means. It is also true that the poor man can and does have the material wants of himself and family provided for. But these privileges and these bounties come to him through the medium of paid service. The lawyer with his order from the court, the commercial men with their orders from the municipality; the distributors of organized charity with their regular salaries—all and every one except the medical man, receive remuneration for whatever they do in behalf of that large class who, while poor, do not present themselves in the role of paupers.

As illustrating the extent to which the laity are permitted to intrude themselves in medicine, and without let or hindrance essay to malign the profession, the following incident is an example: Recently the metropolitan newspapers contained a long article, which set forth the plans of a young married woman for the organization of a society which she had incorporated under State law, and whose object was, as she set forth, the education of mothers in the care of their children. This young matron, in elaborating her plans to the reporters, declared glibly that her belief was that infant mortality resulted mainly through ignorance of ordinary infant care on the part of the mother, supplemented by lack of knowledge on the part of the general practitioner—these two inefficient aids dallying with the child's life until finally a specialist was called in too late to rescue the child from the results of incompetency. Following this abuse of the profession, this young

woman outlined the scheme she proposed, which was to have lectures twice a week by several specialists on the care and feeding of infants, and the names of three lecturers were given. By what reasoning these men reconciled their action to the ethics of the profession it is difficult to conceive. More probably they made no effort to justify their position; but the fact is self-evident that they offered and committed a most humiliating and unjustifiable insult to their fellow-practitioners, and stultified medical practice to a degree which would not be tolerated with impunity by the members of any other profession.

Incidents of a similar tenor are matters of frequent notation, with the exception that the promoters are generally more discreet in allowing the incompetency of the general practitioner to be inferred by dilating on the superior advantages to be gained from their particular hobby, whose existence is, in most cases, due solely to neurotic efflorence, or inordinate desire to secure the philanthropist's halo at cheap rates through the medium of the obliging doctor, who belittles himself and his profession alike in consenting to give his services, and thus make it possible for such organizations to exist, and their promoters to glorify themselves through his work, which may, perhaps, be remunerated by a scanty reference in the annual report.

So general has this system of looking to physicians to perform gratuitous service become that the field of medical and surgical charity is as extensive as the promoters of these fads can devise. Even in the recently organized medical school inspections, the physicians engaged in which are for the most part receiving a beggarly pittance for the work required and performed, it is the fashion to arrange for a course of lectures by the medical staff for all who may desire to take advantage of this free dissemination of medical information and advice.

Then in the matter of hospital service. Why should physicians and surgeons give years of work to these institutions without being paid? Without the self-sacrifice of these men, hospitals as they are managed could not exist, and yet how many of the public—perhaps even the management—give this fact any consideration?

But while it may be freely admitted that our profession is the one occupation which is unjustly and unwarantably expected to do a large percentage of work without financial returns, and while it may be true that the most strenuous efforts should be made to forcibly impress the laity that the physician and his family are finite beings, capable of enduring and enjoying to the same extent as others, and that therefore his financial resources should be based upon work performed, as in other professions and callings—while this is true, yet it does not appear to be easy to suggest a solution. The difficulty is rendered all the more pronounced because of many years of complacency on the part of the profession.

There are, however, some self-evident facts which present themselves, one of the most prominent being the necessity for reforms within the profession itself. The spirit of quasi-antagonism, more suggestive than openly displayed, which exerts its localized influence in sections, but seems to be more or less general in its prevalence as affecting the body politic, should be overcome before any advancement could be expected. And in no way, it would seem, could more effectual measures in this direction be established than in the formation of medical clubs. Meeting monthly to compare notes and relate experiences in especial cases, mutually giving zest to our work by the interchange of practical thoughts and ideas, supplying opportunity to keep abreast of the most advanced deductions of the laboratory, and surrounding and surmounting it all by a cordiality which would infuse added stimulus in the discharge of our duties, a physician's club would perhaps be the best means for securing the highest ends of the profession. If such organizations were established more abundantly; if the membership of each was limited but the number of clubs sufficiently numerous to enroll every practitioner in the locality, and if the matters now referred to were made the subject of concerted action, it would not, I believe, involve much time to accomplish substantial results. It could be arranged that all the clubs in a locality would have joint meetings at stated intervals—say every four or six months, at which opportunity could be had for the extension of acquaintanceships, and, if desirable, a syllabus arranged for united effort in any direction suggested. To insure the certainty of the formation of such clubs it would not perhaps be desirable to leave the work to the volition of the local doctors, for it would probably be found that the initiative would be slow, each relying on the other; but if a few men could be secured as State organizers, and their services paid for from an established fund,

the results would doubtless be as prompt as they would be sure and enduring.

With such an organization physicians could then with power discuss and devise plans restricting lectures on medical subjects to medical audiences; they could accomplish pronounced results in standardizing the fees of a locality; they could do much to regulate the wide abuse of the free clinic system, and secure for physicians remuneration for clinical work, and they could also obtain for the hospital physician or surgeon fees based upon their experiences in the work.

How and by whom this remuneration should be paid—whether by fees or established salary, and whether by municipal, county or State provision, or by the several institutions—a review of the situation would determine.

The Biblical axiom which declares that "the laborer is worthy of his hire" involves two propositions—one is that some one is responsible for the payment, and the other is that the worker should exert himself to secure it.

HOSPITAL NURSES.

Address at the commencement exercises of the Cooper Hospital Training School, Camden, N. J.

By Daniel Strock, M. D., Camden, N. J.

The Board of Managers of Cooper Hospital has imposed upon me the great honor and pleasant duty of conveying to you this final communication from your Alma Mater, whose diploma you have just received, conferring upon you the title of trained nurse, with all the rights and privileges pertaining thereto.

Your teachers extend their congratulations, and are in full sympathy with the pleasure you feel upon this occasion, when you lay aside the garments of preparation and assume the robe and insignia of the graduate.

You have now become members of a new profession—new, yet old as humanity—because, ever since our race inhabited the world, nursing the sick has been attempted. Still, the vocation of nursing, the art of intelligently supplementing the physician's or surgeon's efforts to restore the diseased body to health, is new in the sense that only within recent years has it been placed upon what may be termed a scientific basis.

It is within the memory of many of the adults in this audience when nursing was an occupation resorted to chiefly by those in reduced circumstances, who considered it a genteel way of earning a livelihood. Such individuals would, without any previous study, preparation or training, assume the responsibility of attendance upon cases of the most grave illness. The possibility of conveying disease to a patient, of being a source of danger, rather than relief, was a contingency they had never contemplated; and the necessity for absolute cleanliness in all their dealings with the sick or wounded was a problem they had never discussed. To this class of nurses, knowledge of disease, its causes and prevention, were deemed unnecessary, and any attempt on the part of the physician, who met them in the sick-room, to correct their methods by imparting information upon these important topics, was like sowing seed by the wayside. With such nurses, discretion and tact were unknown qualities. No matter how ill the patient, the chances of recovery were freely discussed in his presence; and frequently they appeared to take delight if they could be the first to announce a grave complication, or that the patient's life was in jeopardy.

Now, the numbers of nurses of this class are becoming less in every community, and will soon be unknown. But they are disappearing from the sick-room—not because of unwillingness to assume the responsibilities there encountered, but rather because the public is rapidly learning to appreciate the importance and necessity of having its sick or wounded cared for by those whose instruction, training and experience fit them for the office.

Thus, it has come to pass that the vocation of caring for the sick has been elevated to the dignity of a profession, and its importance is recognized by nations, as well as individuals.

What the members of this new profession have done, and may do, for good in any community, is beyond calculation. It is by comparison with the nutaught, opinionated, self-styled nurse of other days that we can properly appreciate the trained nurse's position.

It still is true that in many slight illnesses the patient can be properly nursed by one who has had no special instruction, or by members of the family; and in this class of patients poor nursing may do no harm. But, if a loved one has a grave sickness, we want the physician's efforts reinforced by the intelligently directed aid of one who has specially prepared for such an emergency. We want the constant attendant to be one who is familiar with knowledge of the probable course it will pursue; one who knows the unseen dangers that constantly menace such patient, and who possesses the requisite knowledge to render first aid, if required, and thus, perhaps, save the life that may be lost if nothing is done until the physician arrives.

Only the physician, who has the exact knowledge knows what harm has been done, knows the lives that have been lost, knows how futile have been his efforts, at times, because the so-called nurse in such emergencies did not possess the knowledge, training and skill that fitted her to properly supplement his ministrations.

There may be some in this audience who have passed the ordeal of severe operation, or some who are contemplating the necessity for such procedure. Did you not, and will you not, approach this grave crisis in your fate with increased fortitude because of the presence of a trained nurse—one who understands the possible peril of your situation, who appreciates the significance of variations in temperature, or changes of pulse or respiration; one who is quick to detect the evidences of a hidden hemorrhage or other grave complications; who has knowledge of the causes that produce blood-poisoning, and understands how to use the

measures that prevent contamination of the wound?

Is there a prospective mother who, looking forward to her hour of travail and knowing somewhat of the dangers that beset her, is not comforted by the thought that her nurse, as well as the doctor, also knows them, and will intelligently and cheerfully use all means he may prescribe to avert them?

A certain amount of latitude must be permitted the nurse, who is left alone with a patient that may, in the doctor's absence, develop unlooked for symptoms of utmost gravity. To meet such emergencies, and perhaps save or prolong a life, is one of the duties devolving upon her, and it is in such distressing situations she can justify the reasons for her calling, and demonstrate the correctness and thoroughness of her training. In those conditions of accident or disease, where the possibility of grave complications arising is an attendant circumstance, the knowledge that the sentinel on duty in the lonely hours of the night is alert, is watching, and is possessed of the knowledge that will surely enable her to detect the evidences of dangers, and perhaps combat them, must be a source of unspeakable comfort to the friends as well as to the doctor, upon whom rests the final responsibility for the patient's safety; but, under such circumstances, a responsibility most intimately shared by the nurse.

To fit a nurse to properly discharge the duties placed upon her under such circumstances, it is incumbent upon her instructors to teach much that has heretofore been considered the exclusive prerogative of the physician to know; and ever since the training of nurses was inaugurated there have been individuals who cried out against the imparting of a knowledge of anatomy and physiology, of the usage and dosage of drugs, including their poisonous properties; of certain of the prominent symptoms of disease and certain of the details of their management; and very recently newspapers of a neighboring city have daily contained interviews and letters inveighing against the supposed-to-be over-taught nurse, or defending her.

It is true the nurse of to-day has a greater knowledge than had the nurse who officiated in the sick-room a few years ago, and she can with greater certainty recognize the symptoms of a variety of the more commonly prevalent diseases. She would more surely discover the indications that a poison had been taken by an individual. Her knowledge of the disaster resulting from unusual loss of blood, her ability to recognize the symptoms of this loss, though the effused blood is not visible to her eyes, is superior to that possessed by her sister of former days. To-day the graduating nurse possesses much information of the causation and transmission of disease, and of the germs concerned in poisoning wounds, and has much other information that is similar to that possessed by the physician.

That this knowledge is essential to a proper discharge of her duties, is undoubtedly true; that it is enough to enable her to usurp the prerogatives of the physician, as has been charged from time to time, is not true.

It would seem, judging from some of the criticisms that have been directed to the trained nurse recently, that the true scope of her duties is not fully understood. Before the days of systematic preparation for caring for the sick, the sick were nursed and received certain attentions that undoubtedly added to their comfort and promoted their chances for recovery. None can deny that a wife, a husband, a father, a mother, a daughter or son, can give the medicine and food, and administer to the physical wants and comfort of the patient; and if all of nursing was contemplated in the performance of these duties, there would be little necessity for the long course of study and training that is imposed upon those who desire to devote their energies to caring for the sick or injured.

While many a life has been saved by the devoted attention bestowed by a member or members of a family, yet it can as truly be said that many a life has been sacrificed by a like, but mistaken, devotion.

A nurse's training would be for naught, if she requested a mother to sit upright to have a garment changed, with the result that she falls back dead; or permit the pneumonia case to be placed in a sitting position, to be returned to the pillow a corpse; or convey to the typhoid patient a dish of cabbage or other food of like character, with the practical certainty of disaster resulting. Yet these things have occurred when devoted members of the family were the ministering agents, and when the only concern was the comfort and safety of a loved one.

In like conditions, affectionate attentions cannot be a substitute for knowledge and experience; and therefore the nurse is taught those things that enable her to avoid the errors of the family nurse, while she is certain to recognize the signs and symptoms denoting danger of the most solicitous watcher.

The statement just made—that a member of the family can give the food and medicine and administer to the physical comfort of the patient—is too sweeping without the qualifying assertion that simply to do these things is not enough. It is necessary to know how to do them; and only those who have observed the crude efforts of the untrained novice in the sick-room and compares them with the skilled methods of the real nurse, can comprehend the importance of the knowing. That nurses are made—not simply born—was recognized as long ago as the twelfth century, when the Abbess Hildegarde organized a so-called school for nurses, and invited her friends and acquaintances to receive instruction; a work that has been continued with varying degrees of thoroughness unto the present time. Now, the nurse is taught how to give the medicine and food, how to attend the physical wants of the patient without adding to his distress or exhaustion; and she is taught much more than this, a teaching that comprises some of the knowledge that the doctor possesses. This is essential to enable her to properly perform the duties that in this day devolve upon the attendant of the sick and disabled. Not enough to permit her to assume the functions of the doctor, but enough to fit her to act as sentinel, whose knowledge enables her to detect the approach of an enemy, and perhaps ward off the danger until reinforcements arrive.

What has been said in this connection has reference to some of the things that have recently appeared in the newspapers; in some instances casting aspersions upon the trained nurse, and accusing her of a desire to usurp the functions and prerogatives of the doctor;

claiming that the instruction she receives in anatomy, physiology, dietetics, bacteriology, the knowledge of diseases and of drugs, and information that enables her to act in certain emergencies, really constitutes a course of medical training. In reply to this it can be said that if the doctors possessed no more information upon these subjects than does the nurse, then, indeed, the people are leaning upon broken reeds. While the nurse's instruction in these matters is enough to enable her to correctly discharge the varied duties devolving upon her, it is not enough to permit her to act in the capacity of the physician, and no one knows this better than does the properly trained nurse; who, by reason of that training, understands the true relationship she occupies with patient and physician, and has no desire to trespass beyond this neutral ground.

Further criticisms of the trained nurse recently uttered, have referred to exhibitions of disloyalty to the doctor; this disloyalty taking the form of suggesting remedies to the patient or other members of the family, in the absence of the attending physician. When so many of the neighbors or friends—as happens in nearly every case of sickness, no matter how serious—feel at liberty to offer advice and remedies to the family, notwithstanding a physician is in attendance, it certainly can be permitted of a nurse, possessed of greater knowledge than these advisers, to suggest an expedient in case of necessity, and while awaiting the coming of the doctor.

The nurse, disloyal to the doctor, will very probably be disloyal to the family, if occasion offered, and she certainly is shunned by the doctor, and ere long, when this trait is recognized, she will be shunned by others. Disloyalty to the constituted authority in the sick-room does not pay any more than does disloyalty in any other situation or walk of life; and, happily, it does not often happen that a nurse displays this unpleasant trait of character. But, if met with, it is not an indication of fault in training, or due to the fact that such nurse has been taught some of the processes of disease, and has a superficial knowledge of remedies, but it is because disloyalty is an inherent trait in such individual, and would be exhibited under other circumstances, even though she were not a nurse.

But this is an unpleasant theme for discussion upon this happy occasion, and is only referred to, to afford opportunity to assure your friends, in this public manner, that your teachers wish to bear witness to the faithfulness and skill with which you have discharged all the duties pertaining to your long course of instruction and study; of itself evidence of your sincerity and devotion to your chosen calling, and an earnest of the diligence and loyalty to all concerned with which you will meet the obligations devolving upon you in your future engagements.

An address to graduates, no matter what their technical studies, is not necessarily a talk to them, but may be, rather, a talk about them and their colleagues; and you will, probably, receive the impression that what has been said is of this latter character. But, I do not think I can do you a greater service than by talking about you, as well as to you, in the presence of this audience; particularly, as there is, at present, more or less discussion in certain States of the status of the trained nurse and more or less criticism of the methods of instruction and the character of the knowledge imparted to her; and if any depart herefrom with a better understanding of the duties and responsibilities that will devolve upon you in your future work, we may all feel that the exercises have not been in vain.

This evening marks an important era in your existence, really the commencement of your life work; an event to which you have looked forward during all the days of the three years that you have dedicated to the fitting of yourselves to discharge the duties that may relieve suffering or comfort the distressed, in situations and under circumstances that you cannot now conceive. Heretofore, you have relied upon the guidance and assistance of others; hereafter you will frequently be thrown entirely upon your own resources, and must act and think with precision and with promptitude.

Continue your studies. Let every case, and every physician with whom you come in contact, be a source of instruction. Continue to improve your minds by general reading, including the periodical literature, as the magazines and newspapers; and thus you will be prepared to discharge the not unimportant duties that sometimes devolve upon the nurse—that of companion.

You entered this edifice while still pupils of the Cooper Hospital Training School for Nurses. You depart herefrom not as pupils, but as alumnæ of the school; vested with the dignity of a diploma, and clothed with authority to minister to the sick. Ever remember that hereafter you have a duty to perform pertaining to this new relationship—one that must be your mentor and guide in the discharge of the trust imposed upon you by patients and physicians; a duty that has ever in memory the obligation you incur to guard and maintain the credit and dignity of the great institution that has honored you to-night. "The paths of pain are thine. Go forth with healing and with hope."

ADDRESS TO NURSES.

At the Graduating Exercises of the Bayonne, N. J., Hospital Training School, June 2, 1910.

By Frank D. Gray, M. D., Jersey City, N. J.

It is both a pleasure and a privilege to congratulate you young ladies to-night on the successful completion of your training for the practice of a noble profession, and as a representative of an allied profession I most fraternally welcome you.

You are an integral part of one of the greatest waves of modern progress. Among the many great advances in the practice of medicine and surgery during the last half century not the least, by any means, is the improved method of caring for the sick and injured, which is made possible by the army of modern trained nurses. We are too apt to forget the changed conditions that have come about in the course of one, or at the most, two generations. It is difficult to realize in these days that we did not always have telephones, telegraphs, railroads, automobiles and trained nurses.

Yet sixty years ago the sick and wounded in hospitals were left, for the most part, to the

haphazard care of ignorant, untrained, often intemperate and depraved attendants, while those ill at their homes, even among the well-to-do, were dependent on the care of some friend or member of the family, who even with the best of intentions, lacked the skill and training that are available to-day, thanks to such institutions as the one from which you have just graduated.

Fifty years ago that queen of heroines, Florence Nightingale, founded the first training school for nurses in London with a fund of $200,000, contributed by the grateful English public, on her return from the Crimea, where she went with a devoted band of thirty-seven women, to bring order out of the horrible chaos that reigned in the military hospitals in that terrible war.

On the 18th of last month a vast assemblage gathered in Carnegie Hall to do honor to your prototype and commemorate that event, while to-night you help to swell the ranks of 26,000 graduates of over 1,000 training schools in the United States alone, the direct result in a half century of the work of that grand woman whom all the civilized world to-day rises up to call blessed.

In her ninety-first year the work of Florence Nightingale is practically over, but the memory of her deeds will live throughout the ages, and she bequeathes to each of you, not only a beautiful example of unselfish fidelity and heroism, but also a new profession, in which, who knows but some of you may win fame and appreciation comparable to hers.

A few practical thoughts I would impress upon you as you stand to-night, as it were, on the threshold of your careers.

The first is that yours is a profession not a trade. A trade is wholly business; a profession is more; it involves a mission. The trade of a mechanic, the occupation of a clerk, or a stenographer, if you please, the business of a merchant, requires only that its followers act honestly—the square deal, in other words. If business men or women sell a certain quantity of goods of a given quality at a stated price their duty is accomplished. No more is asked or expected. They are not supposed to put their personality into business. Not so with the physician, the clergyman or the trained nurse. They must give not only time, knowledge and skill, but often their very selves; their sympathy, their patience, their tenderness, their love for humanity—things for which money does not—in fact cannot pay. Those in a profession who do not thus—and, unfortunately, there are some such—follow their profession as a trade. Avoid making just a business of your life work.

Do not forget that your duty is always threefold; first to your patient, next to the patient's family, and finally one in which the other two are really combined—your duty to the physician in charge of the case.

Aside from the routine of the sick-room, which any well-trained human machine may perform, the ideal nurse is always tender in her ministrations, sympathetic without being sentimental or weak; thoughtful but not fussy; cheerful without being hilarious; firm but not obstinate; courageous without being reckless—all this—and if you will pardon the expression, "then some."

In your relation to the family, of whom you, for a time, are a part, remember above all things to be tactful and discreet. Say nothing to alarm or discourage the anxious ones, careless words are sure to be exaggerated. Refrain from criticizing the doctor—the rest will do enough of that—anyone can criticize. It requires no ability. You will, no doubt, sometimes be tempted to repeat the little household secrets of a former case. In all these matters remember the rule that "silence is golden."

Endeavor not to be an unnecessary burden wherever you are. Selfish and thoughtless nurses have sometimes created the impression that they required more attention than they gave. An Irishwoman who was quite ill, and who had been advised by her physician to have a trained nurse said: "Oh, now Dochtor! That's jist phwat I've alez longed for to have in the house. It's been me great ambition to have a thrained nurse at sometime or another. But, Dochtor, honest to goodness I'm falin' that bad jist now I don't belave I be able t' wait on wan of thim." I am not advising you to be imposed upon, but on the other hand I do advise you not to be afraid to wait on yourselves. There's always trouble enough in the house where there is illness. See that you do much to lessen and nothing to add to it.

Promptness, also, is a cardinal virtue in the trained nurse. When ready for duty be prepared to respond to a call quickly. Not all cases can wait on the convenience of the doctor or nurse or even the convenience of one's wife, as did Mr. Smith's appendicitis. He came home one day, and said to Mrs. Smith, "My dear, I think I'm going to have appendicits." Said Mrs. Smith, "My dear, I think I'm going to have a new spring bonnet so your appendicitis will have to wait." Few of your cases will be so accommodating. None ought to be.

Again, cultivate adaptability. Perhaps no quality will more endear you to patient, family or doctor. You may not necessarily emulate the pretty nurse, who, when asked by a hospital patient if she would marry him, replied "certainly." "Then you do love me," the patient said. "Oh, no," the nurse replied, "that's merely a part of the treatment. I must keep my patients cheerful, you see. This morning I promised to run away with a man who had lost both legs." That was adaptability of perhaps a higher degree than I would recommend you to practice, but it serves to illustrate the point.

Among all your duties to patient and family do not forget that you owe one to the attending physician. Unless you perform well this last you will be remiss in the others.

You are to be the doctor's right hand; his faithful lieutenant to execute orders; his eyes and ears in the intervals of his visits. He sees the patient once or twice a day; you are on duty for a half day at a time—more you ought not to be—and much depends on the skill and accuracy with which you observe and record symptoms and signs. Wth it all, guard against the mistake of thinking you are equal in command.

Yours is a sister profession, but not a twin sister. In the nature of things the profession of nursing is subordinate to that of medicine and the emergencies will be rare, when, in the absence of the physician you will be called on to act upon you own initiative. Yet it is in just such emergencies that your mettle—your judg-

ment, your coolness, your personality,—will occasionaly be tried. To be a good lieutenant most of the time and a wise general once in awhile is a test of genius. May you each possess it.

In conclusion, I can commend to you no safer rule of conduct than the oath formulated for physicians by Hippocrates, one of the most ancient of physicians, and which, to this day, is the guiding principle of the medical profession: "With purity and holiness I will pass my life and practice my art. Into whatsoever houses I enter I will abstain from any voluntary act of mischief or corruption. In connection with my professional practice, whatever I see or hear in the lives of men which ought not to be spoken abroad, I will not divulge, reckoning all such should be kept sacred."

A pleasanter obligation, no doubt, some of you will in time be called on to take when you promise, as is the way with many nurses, sooner or later, to love, nurse and obey some favorite patient or friend of a patient for the rest of your days. It is a congenial way in which you may establish training schools of your own.

And a word to the public regarding their relations to these young ladies and others of the faithful band whom they represent.

They mean much to you and yours. They will come to you in some of the darkest hours of human experience. You expect a great deal of them. Do as much for them. Apply to them the "Golden Rule." Be considerate. Do not expect or permit twenty-four hours' continuous service. Even a machine cannot endure that. Twelve hours is enough for their welfare—and yours, too—if you would have good service.

Do not begrudge the compensation you give them. You cannot pay in mere money for much that they give. Endeavor to make change in the same coin which they offer—sympathy, tenderness and mutual help. Only thus may you realize the truth of the precept, enunciated by the Great Physician, "It is more blessed to give than to receive."

Injuries to Nerves.—In immediate traumata of nerves accompanying fractures, the causative agent is such as to produce most frequently contusion or laceration; when the agent is directly applied, as in a blow, the nerve may be forced against the bone and jammed during the instant of contact, or it may be lacerated. Or the fragments of bone may bruise, stretch, or tear the nerve, even in fractures from indirect violence. These accidents rarely, however, produce complete division of a nerve; division occurs mostly from perforating or incising agents, as from firearm missiles, or cleaving instruments —axes, cleavers, saws, etc. These accidents introduce the complications of open wounds and it is often possible in treating such wounds by modern methods, to ascertain by direct examination the nature and extent of the nerve injury. —Carl S. Oakman, in The Journal of the Michigan State Medical Society.

In a child presenting symptoms of tuberculous disease of the cervical spine, it should be remembered that other conditions, such as torticollis, inflamed lymph nodes, and sprain of the cervical ligaments, are capable of giving similar symptoms.—Amer. Jour. of Surg.

Clinical Reports.

BULLET WOUNDS OF THE ABDOMEN.

Reported by Francis R. Haussling, M. D., Newark, at a meeting of the Practitioners' Club of Newark, N. J.

All modern text books on surgery advocate immediate exploratory laparotomy as the one and only treatment for bullet wounds of the abdomen.

It has been my experience that some surgeons do not hold this view or at least do not follow this teaching in their work. While they all favor early operation in acute appendicitis and strangulated hernia; in bullet wounds of the abdomen they will await unfavorable symptoms before insisting upon operation. Although our internes at the Newark City Hospital are graduates of the leading Eastern medical schools and many of them excellent students, I find the same tendency prevailing among them. They fail to appreciate the need for early operation in bullet wounds of this class until they have seen a case or two explored. Cases of acute appendicitis and strangulated hernia they never fail to report even if they have just entered upon their hospital service.

I take the liberty of reporting the following three cases of bullet wounds of the abdomen occurring in my service at the Newark City Hospital, in order to again demonstrate the advisability and harmlessness of early exploratory laparotomy. They constitute my entire operative experience in this class of cases and are not considered unique in any respect.

CASE I.—G. C., Italian, age 19, single; laborer; admitted to the Newark City Hospital on March 3, 1908, at 2:40 A. M.

History—Three-quarters of an hour previous to admission he was shot in the abdomen while an innocent onlooker at a fight over a game of cards. On admission temperature 99.2, pulse 88, good quality, respirations 36. General condition very good. 2:45 A. M. vomited a large quantity of coffee ground material; 3:45 A. M. temperature 100.2, pulse 106, respirations 36. 6 A. M., just before operation—

Physical Examination—General condition good, skin and mucous membrane of good color; heart and lungs negative; abdomen, midway between umbilicus and ensiform cartilege; 1½ inches to the right of the median line there is a small bullet wound half an inch in diameter; abdomen

is flat, with slight tenderness and muscular rigidity over upper half of right rectus muscle; percussion note tympanitic. No loss of liver dullness, no mass to be felt, extremities normal, urine negative. Operation 4 hours after injury. Ether anæsthesia. Skin incision from free border of the ribs to level of umbilicus with bullet wound at its centre. The incision was carried through the right rectus muscle into the peritoneal cavity. The upper abdomen contained much blood. A perforation half an inch in diameter could easily be seen on the anterior surface of the stomach. This was situated about three inches to the left of the pylorus, midway between the greater and lesser curvatures. After walling off the intestines with gauze pads, the perforation was closed with a purse-string suture of fine celluloid thread, over which was placed a continuous Lembert suture of the same material. The omentum, transverse colon and stomach were then carried in an upward direction, exposing the transverse mesocolon. This was incised in the vertical direction to avoid the vessels. Upon opening the lesser peritoneal cavity a gurgling sound could be heard accompanying each inspiration and expiration. I took this to be due to the passage of air and fluid through a perforation on the posterior surface. This perforation was found with difficulty, owing to the small opening in the transverse mesocolon through which it was necessary to work, and the situation of the perforation close to the lesser curvature at its centre. This was closed in the same manner as the anterior perforation. A strip of iodoform gauze was placed to within one inch of each perforation. The posterior strip going behind the omentum and transverse colon through the hole in the mesocolon. The wound was partly closed with through-and-through silkworm gut sutures. The pelvis was drained by means of a glass tube inserted through a small incision above the pubes. The pelvis contained much blood. Sterile dressings were applied and intravenous saline infusion. Returned to ward in fair condition.

Post-operative Course and Treatment—March 3, Fowler position, nutrient enemata every four hours; nothing by mouth, no morphine; 4:30 P. M., vomited, bowels moved; 8 P. M., temperature 106, pulse 148, respiration 42; March 4, 10 A. M., hot water every two hours by mouth; March 7, nutrient enemata discontinued. For fourteen days patient ran an afternoon temperature never less than 104 degrees. Up to this time there was very little discharge from either wound. On the fifteenth day a profuse purulent discharge appeared at both wounds. From this time on, the temperature never went over 101 degrees, and his general condition improved rapidly. Discharged cured April 26th, wounds healed, slight bulging of epigastric wound. X-ray showed that bullet had gravitated into pelvis.

Case II.—M. B., American, aged 17, single. Admitted to the Newark City Hospital on July 10, 1909, 6 P. M.

History—One hour previous to admission she was shot in the arm and abdomen by a young man whom her family had befriended since his childhood, because she refused to marry him. On admission temperature 100, pulse 90, respiration 28, general condition very good, but very much excited.

Physical Examination—On right arm one inch below the insertion of the deltoid muscle there is a bullet wound half an inch in diameter. No wound of exit can be found. In the right anterior axillary line at the level of the free border of the ribs there is a second bullet wound. There is no wound of exit, but the bullet can be felt over the lower end of the ensiform cartilage just beneath the skin. This patient did not come to operation until eighteen hours later because of a misunderstanding. The case was reported to me as one of bullet wound of the chest wall.

Physical Examination Just Before Operation—Temperature 100.4, pulse 116, respirations 30. Patient looked sick, anxious expression, restless and had vomited once; heart and lungs negative with no symptoms pointing to perforation of the lungs. Abdomen flat, marked rigidity and tenderness over upper half of right rectus; no mass can be felt, percussion note tympanitic over entire abdomen. No bladder symptoms; extremities negative. Operation under ether anæsthesia; duration 45 minutes. Abdomen opened through a four-inch right rectus incision beginning at the free border of the ribs. The peritoneal cavity contained a small amount of blood. The wounds of entrance and exit in the liver were easily found. The former was situated on the upper surface of the liver one and a half inches above its free margin and just beneath the external wound. The latter also situated on the upper surface of the liver was three inches from its free margin and about four inches from the wound of entrance. Gentle manipulation of the liver

caused moderate fresh bleeding from both wounds, but this was easily controlled by means of the actual cautery. The stomach and intestines were intact. To control any fresh bleeding and to act as drainage, narrow strips of iodoform gauze were placed over both wounds in the liver. The lower two-thirds of the wound was closed with interrupted through-and-through silkworm gut sutures; sterile dressing applied. The bullet was removed through a small incision over the ensiform cartilage. The external wound of entrance was enlarged. Post-operative temperature 102, then never over 101 degrees. Gauze loosened on fifth day and gradually removed from day to day. Wound discharged a large amount of blood-stained pus for several days, otherwise recovery uneventful. Discharged cured in five weeks.

CASE III.—A. V., Italian, aged 34, single, admitted to the Newark City Hospital on November 14, 1909, at 11:50 P. M.

History—About one hour previous to admission he was shot in the cheek and abdomen by an Italian in front of whose house he was seranading. He had been requested to stop singing, but failed to do so. On admission temperature was 99, pulse 84, good quality, and respirations 24. General condition good, skin and mucous membranes of good color. Heart and lungs negative. In the centre of the left cheek there is a small bullet wound three-eighths of an inch in diameter, penetrating into the mouth, where the bullet is said to have been found by the patient; bones of face intact. Abdomen: one and a half inches below and to the left of the umbilicus there is a second wound; moderate tenderness over the region of the wound; abdomen is flat; no muscular rigidity; no mass can be felt. Percussion note tympanitic, liver dullness not obliterated; urine negative; extremities negative.

November 15th, 1 A. M., temperature 99, pulse 94, respirations 24; 1:30 A. M., vomited a large amount of undigested food. Went to operating room at 3:25 A. M., four and a half hours after the injury was received. The delay in this case was due to the fact that the house surgeon was out. In his absence the younger interne who was in charge thought that it was perfectly proper to await unfavorable symptoms before operating, and so failed to report the case. A thorough physical examination was made just before operating. Operation, under ether anæsthesia was one hour and twenty-two minutes. A vertical skin incision five inches long was made, with the bullet wound at its centre. This was carried through the left rectus muscle into the peritoneal cavity. There was a moderate amount of blood in the peritoneal cavity. The first loop of the small intestine to present in the wound showed a circular perforation through which fluid feces and gas were passing into the peritoneal cavity. The loop was brought outside of the abdomen and the perforation closed with a single fine continuous Lembert suture of celluloid thread, applied in the transverse direction. Starting from this fixed point a systematic search was made along the afferent and efferent loops with the result that seven other complete perforations, one partial perforation and two holes in the mesentery were found. The perforations with one exception were closed with a single fine continuous Lembert suture. This one was closed with a purse string suture of the same material, but had to be reinforced with a Lembert suture to prevent leakage. The holes in the mesentery were closed with plain catgut. Although the intestines presented two perforations at the same level, one of which was fully an inch in length, there was very little constriction of the bowel following this single row suture. The nine perforations were situated over an area of not more than five feet of the lower third of the small intestines. The peritoneal cavity was flushed out with normal salt solution in an attempt to remove the fecal matter. A glass drainage tube was inserted through the lower angle of the wound into the pelvis, a rubber drainage tube with a strip of iodoform gauze was carried to the root of the mesentery at the level of the wound. The wound was partially closed with interrupted through-and-through silkworm sutures; sterile dressing applied. Intravenous saline infusion was given and the patient was returned to ward in fair condition, temperature 99, pulse 124, respirations 36. Fowler position, Murphy drip. Laparotomy diet; saline absorbed by the rectum; the first twenty-four hours, 39 ounces; the second twenty-four hours, 53 ounces; the third twenty-four hours, 50 ounces, and the fourth twenty-four hours, 63 ounces; discontinued November 19th. Dressings showed profuse serous discharge while the drip was being given. November 16th, 2 P. M., vomited large quantity of yellowish fluid with fecal odor; 4 P. M., vomiting repeated; 6 P. M., lavage gave marked relief; 9:30 P. M., vomited much foul-smelling material; November 17th,

6:30 P. M., vomited a large amount; 8 A. M., vomited small amount; 10:45 A. M., olive oil enema; 11 A. M., vomited; 12 M., lavage; 2 P. M., 6:30 P. M. and 9 P. M., small, loose, yellow stools; 11:30 P. M., vomited; November 18th, 2:30 A. M., vomited; 2:30 P. M., vomited; 5:15 P. M., lavage given with marked relief. No further vomiting. During first eleven days, afternoon temperature was from 102 to 104 degrees. Afternoon temperature never under 101 for first twenty days, then gradually subsided. November 19th, general condition much improved, profuse purulent discharge from wound, which to-day for the first time presents blueish green color, characteristic of bacillus pyocyaneous infection. There was at no time fecal discharge from the wound. From this time on the patient made an uneventful recovery, although the wound closed very slowly. Discharged cured March 8th, 1910; wound healed. X-ray showed bullet in lower abdomen to right of median line.

In the last case it is of interest to note the absence of fecal leakage, although each of seven complete perforations was closed with a single row of sutures. The eighth complete perforation was closed with a purse-string suture, but had to be reinforced. This caused marked constriction of the lumen of the gut. I have repeatedly observed this. The marked benefit derived from stomach washing is well shown in this case.

Unusual Rupture of an Aneurism.

Dr. J. McCrae reports the following case in the Montreal Medical Journal, April, 1910:

A male negro, aged 43, died suddenly of a ruptured aneurism. A porter by occupation, he had been troubled for three weeks by pain in the chest, beginning between the shoulders and coming to the front; it was burning in character, rather intense and severe on coughing or sneezing. Swallowing, also, was accompanied by the same pain. For an hour after eating, the pain seemed increased, and occasionally he felt as if he were choking; by reason of the pain he could not sleep on his right side. No sign of aneurism was elicited. He suddenly developed dyspnea, slowing respirations and a pulse that was barely perceptible. Presently his breaths were drawn at minute-long intervals, and he died, not before it had been observed, however, that the right chest became flat on percussion from the apex to the fifth rib in front. Death followed the onset of dyspnea in about fifteen minutes.

The autopsy, five hours after death, showed that an aneurism of the transverse arch of the aorta, not bigger than 3 by 2.5 cm. had ruptured; the blood had passed behind the esophagus and had dissected up the parietal pleura on the back wall of the thorax, throwing the lung forward, until a clot, weighing more than 1,200 grams, had nearly filled the available space of the right chest. The ascending limits of the aorta were not enlarged. The left carotid took origin from the innominate artery. The left subclavian opened 1 cm. beyond this. At the level of the left subclavian opening, on the posterior wall, was an area 3 cm. in both diameters, surrounded by a distinct ridge and forming a shallow sacculation in which the wall was fairly transparent from extensive loss of the media. At the upper and outer angle of this area was a somewhat slit-like opening 2.5 cm. transversely by 8 mm. in the long axis of the vessel opening into a false aneurismal sac, lying to the left side of and in front of the aorta. This sac was 3 cm. from side to side and 2.5 cm. in height. An opening from this sac (the final rupture) led into the tissues behind the esophagus, and was in direct connection with the huge retro-pleural hemorrhage. In the first part of the descending aorta was another puckered area showing loss of media. Below this the aorta showed little change save frequent fatty plaques of the intima.

Case of Inherited Tachycardia.

Dr. J. Kirkland, in the London Lancet, reports the case of a man now 56 years old, of independent means, average build, but varying considerable in weight. In 1897 he had a bad heart attack, with hemorrhage, but no bacilli were found in the sputum. When he came under the author's observation, the heart beats varied from 120 to 240. There was a mitral systolic murmur and strong pulsation in the cervical vessels. The right lobe of the thyroid was enlarged and evidently irritated the pneumogastric nerve. There was a marked irregularity of the heart action, increased by any slight exertion. Digitalis preparations gave considerable relief, while strychnine hypodermically with a mixture by mouth of apomorphine and caffeine seemed to cut short the attacks. In a sudden attack, the patient finally died. The especial interest in the case centred about the matter of heredity. The whole family seemed to be subject to tachycardia. Both grandmothers, the father, the mother, the aunt, four out of six daughters, the three sons, and at least one niece were, or are, victims to heart lesions. The trouble did not show itself to any appreciable degree in most of these cases until at least early adult life. We cannot, therefore, say definitely how many of the fourth generation will escape, but from present appearances it is almost certain that more than the one will suffer.

Ureterectomy for a Calculus Embedded in a Dead Ureter.

Reported by Dr. A. V. Moschowitz at a meeting of the Academy of Medicine, New York.

The patient was a girl nineteen years old, who was admitted to the service of Dr. Arpad G. Gerster at the Mt. Sinai Hospital in February, 1908, with symptoms indicating the presence of a calculus in the urinary tract. An X-ray was taken, which showed a faint shadow along the course of the right ureter, about an inch from its vesical end. She was then cystoscoped, and a ureteral catheter was easily passed through the ureter which was supposed to be the seat of a

stone. After further study of the case, Dr. Gerster exposed the ureter, but failed to find a calculus. The corresponding kidney was then exposed, but nothing was found to account for the patient's symptoms. Subsequent to this operation the patient developed a suppurative condition, with high temperature, and as a matter of necessity the kidney was removed. At the time of this operation a wax-tipped catheter was passed into the ureter from above, and upon its removal it showed distinct scratch-marks, giving evidence that it had come in contact with a calculus. The patient refused further operative interference until February, 1909. An X-ray was again taken, which showed a shadow in the exact location of that shown on the previous picture. The ureter was again exposed, and a calculus found embedded within it, about half an inch from the vesical outlet. Complete ureterectomy was performed. The patient made an uneventful recovery from the operation, and had been free from symptoms since that time.

Nephritis; Edema and Uremia for Eight Months; Recovery.

Dr. Theodore C. Janeway, at the meeting of the New York Academy of Medicine, presented this patient:

Her father died of kidney disease, and a sister died of tuberculosis. She had measles and mumps when a child. Her habits were good. One year before her admission she had attacks of nausea and vomiting once or twice a month. Six months before admission her ankles and legs became edematous, and four months before admission a double Edebohl's operation was performed. After this she had increasing headaches, dyspnea, palpitation and oppression, pallor, edema of eyelids, ascites, and failure of vision. She came into the hospital because of vomiting, headaches, and edema of the eyelids. One week before her admission she had a convulsion. The physical examination showed a woman well nourished, pale, with considerable edema of the face and eyelids, legs, thighs and of the abdominal walls. The pupils were normal. There were moist rales in both lungs. She had an acute retinitis, a neuritis of the optic nerve, as well as edema of the retina. The abdomen was aspirated several times. She was given hot packs, a fluid diet, chloral and glonoin. For the relief of her headaches, morphine had to be given, which relieved her. Today she looked the picture of health, although there was still a small amount of albumin in the urine, and she urinated quite frequently. The case was of interest because the edema and uremia, lasting eight months, were followed by complete recovery.

Profound Toxemia and Metastasis after X-Ray Treatment of Skin Sarcoma.

Reported by Dr. H. Kanitz, in Medizinsche Klinik, April 4, 1909.

The patient came under observation with an apple-sized sessile tumor over the left scapula that had been growing for over two years without producing many general symptoms. On two succeeding days moderately timed Rœntgen-ray exposures were made, the skin surrounding the tumor being carefully protected. A few days after, swelling of the tumor with erythema of the overlying skin developed, and at the same time high fever, malaise and weakness. The erythema rapidly spread entirely around the thorax and the tumor began to degenerate and slough; profound prostration and high fever continued. After two weeks, the temperature dropped by lysis, the erythema had disappeared, and a large portion of the tumor had sloughed away. One week after defervescence small nodules made their appearance in the skin about the tumor; simultaneously the axillary glands on both sides enlarged. Eight days after these developments several pea-sized nodules appeared in the skin of the back and over the shoulders, and the cervical glands became palpable. These cutaneous metastases grew rapidly larger, signs of pulmonary metastases appeared, and the patient died six months after the two X-ray treatments.

A Case of Intestinal Obstruction with Gangrene of Meckel's Diverticulum, due to Twisting.

Presented by E. A. Parker, M. D., before the Brooklyn (N. Y. Surgical Society.

M. S., female, aged 39, married, native of the United States. She enjoyed good health, excepting occasional "bilious attacks," until December 23, 1904. That evening after eating heartily, she retired, to be awakened five hours later with intense, intermittent, abdominal pains and vomiting. Similar attacks occurred daily after eating.

January 2, 1905, the vomit had a fecal odor; but this symptom did not recur until January 6th, at which time, in addition to stercoraceous vomiting the abdomen became distended and there could be detected a large, tender, indefinite mass occupying the epigastric and right hypogastric regions.

The patient was operated upon that evening at St. Mary's Hospital. Abdominal section revealed distended intestine and a gangrenous Meckel's diverticulum. The tip of the diverticulum was attached to small intestine and in the loop thus formed knuckles of small intestine were constructed. The diverticulum was twisted three times upon itself. The tip was separated from its attachment and the diverticulum, without a mesentery, was treated similarly to the removal of the appendix, which organ it closely resembled, by Dawbarn's purse-string suture method, reinforced with Lembert sutures.

From the history and findings in this patient, it would appear that on January 2d, the intestine was caught in the loop and twisted the diverticulum; the intestine after a few hours became released, but the diverticulum remained twisted, the blood supply was interfered with and gangrene set in; January 6th, intestine again became constricted in the loop and gave the symptoms which called for operative interference.

In the British Medical Journal, Vol. II., 1897, T. Carwardine reports a child, two days old, operated upon and a cyst containing meconium opened. The day following operation, autopsy showed a meconium-containing cyst produced by volvulus, three turns, of Meckel's diverticulum. A fine cord connected the cyst with the bowel below it, and a minute stalk, admitting a bristle, attached it to the distended bowel below.

In the same journal, Vol. I., 1901, K. Camp-

bell reports as the post-mortem finding in a male aged seventy, who had died with symptoms of intestinal obstruction, Meckel's diverticulum attached by its tip to a gland in the crural canal. The diverticulum was gangrenous as a result of being twisted one and a half times upon itself.

Small Flap Incision for Glaucoma.

From the London Letter in the Medical Record, June 11th.

Mr. H. Herbert, of Nottingham, England, at a recent meeting of the Ophthalmological Society, described his small flap incision for glaucoma, which has been described as a form of "subconjunctival paracentesis." With a narrow Graefe knife a small rectangular sclerocorneal flap is cut subconjunctivally, its base at the limbus. This flap can be forced forward a little under the conjunctiva by the intraocular pressure. Probably it tends to shrink slightly in volume from temporary deprivation of its direct blood supply. He gave the results of eight cases operated on two years ago. One failed, two so far are unknown. In the others the tension has been reduced to normal by linear filtering cicatrices. For some months he has made a rather broader flap. Combined iridectomy, peripheral or complete, according to the state of the iris, seemed advisable if the pupil did not contract well under eserine. The object of the operation is to secure the linear filtering cicatrix, which is sometimes a chance result of ordinary iridectomy and to which Mr. Herbert thinks the success of iridectomy is due.

Mr. Priestley Smith had been struck by the success and by the slight disfigurement caused. Mr. Allport reported eleven cases of success under Mr. Smith's control. Mr. F. R. Cross agreed that the fistulous opening favored a more permanent result. Mr. Laws had performed the operation fourteen times without a failure. Mr. Allport had done twenty cases with satisfactory results.

Congenital Absence of the Rectum.

Reported by W. S. Johnson, M. D., Los Angeles, Cal., in the A. M. A. Journal, March 12, 1910.

History.—Male child, born November 22, 1909. The mother had previously given birth to two children normal in every respect and both living. The weight of child at birth was 9 pounds. It was a fine, healthy-looking baby, but examination of the perineum revealed entire absence of the anus. A median raphe extended from scrotum to coccyx without so much as a dimple to indicate the usual location of the anus. There was no bulging of the perineum. The external genitals were normal and well developed.

Operation—November 23, at 10 P. M., forty-two hours after birth. Under light ether anesthesia an incision was made in median line of the perineum. No muscle tissue was encountered. The dissection was carried inward through fibrous tissue to a depth of two inches and careful search was made from the urethra anteriorly to the sacrum behind, but there was no evidence of gut. The perineal wound was closed with catgut and after rapid preparation of the abdomen an incision was made in the left iliac region. A loop of sigmoid was exposed and sutured in the wound. The bowel was immediately opened by a longitudinal incision and a small amount of meconium was delivered. A gauze dressing was applied and the baby put to bed.

Result.—The child bore the operation well and required no stimulation. Within a few hours large quantities of meconium were passed. Twelve hours after operation the child nursed from the breast, and the subsequent convalescence was uneventful. On January 10, 1910, the child weighed 12 pounds, a gain of three pounds in seven weeks.

County and Local Societies.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The regular quarterly meeting of the Burlington County Medical Society was held at Coles's Hotel, Moorestown, June 8, 1910.

Meeting called to order by the president, Dr. J. Boone Wintersteen.

Dr. Walter E. Roberts, of Riverside, was elected to membership.

We listened to a very interesting address by Dr. John H. Gibbons, of Philadelphia, on "The Treatment of Far-advanced Malignant Disease." This was followed by an address on "X-ray Treatment of Inoperable Malignant Disease," by Dr. W. F. Manges, of Philadelphia. Drs. Marcy, Godfrey and Stokes took part in the discussion.

We were pleased to have present Drs. Godfrey, Strock, Iszard and Davis, of Camden, as guests. The meeting was, as usual, well attended, and was followed by a very delightful dinner.

The society adjourned to meet next time at Burlington.

MONMOUTH COUNTY.

Reginald S. Bennett, M. D., Reporter.

The semi-annual meeting of the Monmouth County Medical Society was held at Allaire, June 14th, 1910. The president, Dr. H. B. Slocum, of Long Branch, presided. Dr. George G. Ward, of New York City, read a very interesting and instructive paper upon "Endometritis." The society was honored by, and appreciated, the presence of the secretary of the State Medical Society, Dr. William J. Chandler, of South Orange, who gave an instructive address upon the "By-laws of the State Society." The following new members were elected: Dr. Paul Cohn, of Long Branch; Dr. William L. Sayre, of Red Bank; Dr. William A. Robinson, of Ocean Grove; Dr. Helen Upham, of Asbury Park.

Resolutions of condolence upon the death of Dr. Edward Taylor, of Middletown, were read and passed, and a copy ordered sent to the relatives of the deceased, and a copy preserved by the society.

After adjournment a very elaborate banquet was served.

Practitioners' Society of Eastern Monmouth.

Reported by Peter P. Rafferty, M., D., Red Bank.

The annual meeting of the Practitioners' Society of Eastern Monmouth was held at Thomas Rumson's Inn on Thursday evening, June 9, 1910.

Prof. Earl B. Phelps, C. E., of the Massachusetts Institute of Technology, presented the subject of sewage disposal; in theory and practice, and in a most entertaining and instructive manner, thoroughly covered the subject, both historically and scientifically. The discussion was general. After the meeting the eighth annual banquet of the society was served in the dining hall of the inn.

Atlantic City Medical Society.

This society held its annual outing at the Country Club at Northfield last month. The medical men and their wives engaged in various games, tennis, shooting contests, baseball and golf. Following the pleasant afternoon dinner was partaken of at the clubhouse and a vote of thanks extended to Drs. Barbasch, Berner and Schmidt, for the clever manner in which all had been planned.

Most of the physicians of the city and their wives attended.

Orange Mountain Medical Society.

Reported by D. E. English, M. D., Summit.

The 299th regular meeting of the Orange Mountain Medical Society was held in the rooms of the William Pierson Medical Library Association, Orange, on Friday evening, June 17, 1910, with Dr. Wellington Campbell, of Short Hills, as host, and the president, Dr. Richard P. Francis, of Montclair, in the chair.

The paper of the evening was by Dr. John Hammond Bradshaw, of Orange, on "When to Operate." The doctor pointed out the indications calling for operative interference in many diseases, and discussed especially those conditions when there might be an honest difference of opinion. He advocated operating for appendicitis as soon as the diagnosis could be made in almost every case. The exceptions to this rule were very rare, and only occurred under unusual circumstances.

The discussion was opened by Dr. William H. Lawrence, Jr., of Summit, who also advocated early operation in appendicitis, and especially in extra-uterine pregnancy, in every case.

Dr. Mefford Runyon, of South Orange, related a most interesting and instructive case, showing the difficulty of diagnosis and difficulty of determining when to operate, if at all, in certain obscure conditions of the gall bladder. The paper called forth much other interesting discussion.

Dr. J. A. Stites, of Springfield, was present as a guest.

The next meeting of the society, being its 300th, will be celebrated by a dinner and entertainment at the Essex County Country Club, in West Orange, on September 30th.

Summit Medical Society

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of the Summit Medical Society was held in the Highland Club, Summit, on Friday evening, May 27, 1910, with Dr. Thomas H. Rockwell, of Summit, as president and host.

Drs. Wellington Campbell, of Short Hills; William J. Wolfe, of Chatham, and William H. Lawrence, Jr., of Summit, were appointed a committee to draw up suitable resolutions on the death of Dr. Calvin Anderson, of Madison.

The paper of the evening was by Dr. Thomas P. Prout, of Summit and New York, on "The Nervous Etiology of Diabetes." It was a valuable and scholarly paper, based on careful research and extensive clinical experience. The doctor said diabetes was so insidious a disease, and one with so few premonitory symptoms, that it was practically never recognized early enough to be aborted. He showed by carefully compiled statistics that the death rate from diabetes was steadily increasing in England and Wales, and especially in the United States. It was increasing much faster than the general death rate.

This, he thought, was due to the strain and stress of modern life. Mankind had entered a new epoch, the epoch of the production and use of power. The nervous requirements were greater in this new epoch, and the human brain had not yet had time to increase its capacity sufficiently to meet these new and complex requirements without severe and often harmful strain. Diabetes was one of the results of this strain on the nervous system. The glycogen storing power of the liver and the secretions of the pancreas and other organs, were all under the control of the nervous system. Hence they were affected by violent emotions and other nervous strains. The paper provoked many complimentary remarks from those present.

Dr. Robert H. Hamil, of Summit, spoke of several cases he had seen in which strong emotional excitement had been predominant.

Dr. D. E. English, of Summit, mentioned two cases that seemed to be due to epidemic influenza. He said he knew of no drug that seemed to be of any great value in this disease, and advised against a too strict diet.

Dr. William H. Lawrence, Jr., of Summit and Newark, spoke of the frequency of temporary glycosuria due to emotional excitement before surgical operation.

Dr. William J. Wolfe, of Chatham, asked about the connection between diabetes and cataract.

Dr. T. W. Bebout, of Stirling, related a case of diabetes in which he had succeeded in controlling violent hysterical attacks by the hypodermatic use of morphine.

Dr. J. Boyd Risk, of Summit, thought the common use of alcohol to relieve nervous strain favored the on-coming of diabetes, and advised against too strict a diet, as it was apt to bring on coma.

Dr. Josiah Meigh, of Bernardsville, said too sudden a change to a strict diet would sometimes bring on coma.

Dr. William J. Lamson, of Summit, spoke of the glycosuria of the aged.

Dr. Thomas H. Rockwell, of Summit, discussed the question from the viewpoint of an insurance officer. He spoke of the significance of pentoses in the urine, and said a precipitation of Fehling's test was not sufficient evidence to warrant a diagnosis of diabetes.

Dr. Prout, in closing, said the abuse of starch feeding was dangerous; only one variety of starch should be used at one time, and its effects must be carefully watched in order to determine how much starch the patient could use without increasing the glycosuria. Codeia and atropia were probably the most valuable drugs, and occasionally morphia was of benefit, but was dangerous. The glycosuria of the aged was due to involution of the pancreas and other

organs. Influenza might cause a pancreatitis that would produce a glycosuria.

State and National Societies.

FIRST ANNUAL MEETING.

The New Jersey State Pediatric Society.

The first annual meeting of this Society was held in the Hotel Chalfonte, Atlantic City, June 27. 1910, the President, Dr. Henry L. Coit, presiding.

The officers were: President, Dr. H. L. Coit, Newark; vice-president, Dr. Alexander McAlister, Camden; treasurer, Dr. B. V. D. Hedges, Plainfield; secretary, Dr. M. J. Synnott, Montclair. Council, Drs. J .Finley Bell, Englewood; Thomas N. Gray, East Orange; Burdette P. Craig, Jersey City; Emery Marvel, Atlantic City, and F. H. Glazebrook, Morristown.

There was a large attendance of the members and also of other physicians. The opening session was held in the morning, when an address of welcome was made by the president. Several new members were elected and miscellaneous business was transacted.

At the afternoon and evening sessions the following papers were presented in addition to the presidential address by Dr. H. L. Coit, on "Factors in the Conservation of Child Life;" "Treatment of Typhoid Fever With Special Reference to the Use of Hydrochloric Acid," Alexander McAlister, M. D.; "Acute Nephritis in Children," Arthur W. Bingham, M. D.; "The status of Children's Wards in General Hospitals," J. Finley Bell, M. D.; "Some Points in the Diagnosis of Pleuritic Effusion in Infancy," D. J. M. Miller, M. D.; "The Relation of Orthopedic Surgery to Pediatrics," Sidney A. Twinch, M. D.; "Infant Mortality in Summer: How to Conduct a Successful Campaign Against It," Arthur Stern, M. D.; "The Dietetic Management of Children During Sickness," Floy McEwen, M. D.; "A Method of Dealing with Illy-nourished Infants," Francis H. Glazebrook, M.D.; "Malaria! Fever in Children," Elmer C. Wherry, M. D.; "A Present-day View of Infant Feeding," Thomas N. Gray, M.D.; "Practical Points in the Management of Poliomyelitis and Its Sequelae," Prof. Henry Ling Taylor, M. D.; "Tuberculous Peritonitis in Children," John H. Bradshaw, M. D.; "Infectious Arthritis," David T. Bowden, M. D.

After the evening session there was held a social hour, when president and Mrs. Coit gave a reception to the members, their families and friends, which was largely attended and greatly enjoyed.

Certified Milk Producers of America.

The annual meeting was held at the home of the president, Stephen J. Francisco, in Fairfield, N. J., June 15, 1910.

The procedings of the day were begun with an address by Mr. Francisco on "The Production of Certified Milk." He said it is far easier to tell how to produce an article than to do the producing. With 700 cows at his establishment, obviously the first consideration in the production of the milk was the cow itself.

Mr. Francisco described the kinds of animals used, Holsteins, Jerseys and Guernseys for the most part, but any rugged one that would give milk with four per cent. of ats or more in it. The tuberculin test is given yearly. The barns and other details of an ideal plant were also described.

At Fairfield there was built last year an infirmary for the control of infectious diseases. Another innovation was the installation of a vaccuum process for cleaning cows, carrying away dust, hair and moisture.

Speaking on "Food Values of Milk," Dr. C. M. Seltzer, of Philadelphia, declared that freshness was one great essential of milk. When milk was to be utilized for food, he declared, it should be used within twenty-four hours after delivery.

Sterilization was condemned by the speaker, as it was said to render the milk less digestible and assimilable, thus lessening its food value. Pasturization was not approved, as it also lessened, it was said, the natural food value of milk.

Dr. Hamill advocated the plain dating of bottles, so that the holding over of milk might be avoided. He emphasized the great need of healthy cows, in view of the many deaths among children, due to the presence of bovine bacilli.

Dr. Henry L. Coit, of Newark, spoke of the unselfishness of the Medical Milk Commission, and urged the producers to be as altruistic as the physicians and work together for common education and advancement.

An elaborate dinner was served on the lawn of Mr. Francisco's house to about thirty members at about 2 o'clock. Five new members were elected.

American Hospital Association.

Twelfth Annual Meeting, Sept. 20-23, 1910.

A preliminary program has recently been issued of the twelfth annual conference of this association, which is to be held at the Planters Hotel, St. Louis, Mo., September 20-23, 1910. From the arrangements already made this conference will be the most important one of the series, and the program will, doubtless, be one of unusual interest as this partial one gives the following as papers and reports to be presented, in addition to the president's address: "Relationship of Trustees to Superintendent;" "Private Rooms in General Hospitals;" "The Training of Hospital Superintendents and Heads of Departments;" "Co-operation vs. Individualism in the Care of the Sick;" "Preparation and Use of Detailed Reports for Smaller Hospitals;" "The Education of the Nurse in America;" "The Hospital as a Commercial Factor;" "Methods of Raising Funds for a General Hospital;" "Report of Special Committee on Training of Nurse Assistants for the Care of People of Limited Means in Their Homes and the Nursing of Patients Suffering from Chronic Diseases;" "Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration;" "Report of Committee on Hospital Construction;" "Report of Committee on Uniform Accounting."

Other papers will be added, and those desiring to have any moot questions discussed are asked to mail such questions to Dr. R. W. Bruce Smith, Parliament Building, Toronto, Ont., chairman of the Question Box.

Anti-Tuberculosis Conference in Germany.

From the Berlin Letter in the A. M. A. Journal, June 18th.

At the meeting of the German Central Committee for the campaign against tuberculosis referred to in my previous letter, Professor Nietner presented the business report. According to this about $40,000 (167,000 marks) was expended by the Central Committee during the last year for the establishment of sanatoria and other tuberculosis institutions. There are now available 99 public sanatoria with over 11,000 beds for adult tuberculosis patients, in addition to 74 private sanatoria with 1,972 beds. Children with pronounced tuberculosis may be admitted to 18 sanatoria with 810 beds, and 89 institutions with 8,000 beds are provided for scrofulous children. In addition, there are 93 forest convalesence stations and 11 forest schools; 15 convalescence homes also receive tuberculosis patients, and 9 observation stations permit the selection of patients for the sanatoria. There are 325 special dispensaries and advising stations for tuberculosis in Germany. The important relation between tuberculosis and the dwelling was discussed both at the general meeting and at the directors' meeting of the German Central Committee. According to Professor Romer, of Marburg, the chief cause for the spread of human tuberculosis is man himself. Almost every human being passes out of childhood already subject to tuberculosis infection. In 90 per cent. of tuberculosis individuals it is demonstrable that infection with tubercle bacilli occurred in childhood. The origin of tuberculous consumption in adults is to be attributed to a severe reinfection with tuberculosis from some tuberculous focus already present in the organism. The severe infection of children which result in consumption take place principally in the dwelling and within the family. The protection of children is therefore the most important problem in the prophylaxis of consumption.

Gretsel, of Darmstadt, national housing inspector, treated this question from the practical standpoint, emphasizing that the common occupany of small rooms by many individuals contributes very largely to the spread of tuberculosis. In Berlin, half of all the dwellings, namely, 197,000 (in which about half of the entire population live) consist of only a sitting room and kitchen. Thirty-three thousand apartments have only one room that can be warmed, 2,400 have no room that can be warmed, and 4,086 apartments consist exclusively of a kitchen in which sometimes as many as twelve persons live. In other large cities and in the country the conditions are quite as bad. For this reason, in addition to securing normal housing conditions, the provision of cheap, good and sanitary apartments for the less well-to-do classes in both city and country is urgently needed. The tuberculous patient ought to have his own room or at least a bed to himself, and in case of moving or death thorough disinfection should be done and, in case of need, beds should be provided. The sanitary renovation of dwellings must be undertaken at public cost, if the occupants of the house have not the necessary means. Compulsory notification of tuberculous cases must be introduced. A housing reform for the entire German empire must be carried out by legislative means. According to the statements of Professor Kirchner there exists so far no requirement to disinfect the dwelling on occasion of change of residence of tuberculous patients, or illness of members of the family from tuberculosis. There does not seem to be much prospect of legislative action to remedy this deficiency. At the suggestion of the minister of education, many communities in the last two years have indicated their readiness to undertake disinfection at public expense. The essential thing is the education of the population in cleanliness and hygiene by public instruction. Healthy children should be removed from families where disease is present and placed in healthy families to be brought up. Kirchner does not agree with Professor Romer that tuberculosis is almost exclusively acquired, nor that scarcely any human being is free from tuberculosis. According to his opinion, only those who are in the environment of tuberculous patients are endangered. Professor Petrouschky, of Danzig, is, like Romer, of the opinion that tuberculosis is acquired in childhood as a rule. Gottstein, of Charlottenburg, called attention to the appearance of tuberculosis in groups in various localities of the city in which the density of the population plays a prominent role.

Miscellaneous Items.

Gov. H. S. Hadley's Tribute of the Medical Profession.

Extracts from the Address of Welcome to the American Medical Association at St. Louis, Mo., by Hon. Herbert S. Hadley, Governor of Missouri, June 7, 1910.

* * * * * * *

"The remarks of the last speaker seem to include that there is some question as to whether the American Medical Association is a trust, or not. I consider myself sufficiently expert on the subject of trusts, however, to say that this trust is welcome and thrice welcome within the confines of the State of Missouri. I only hope that this trust, which I here now diagnose with complete confidence, as a good one, at the able direction of its incoming president, Dr. Welch, can assist in doing for the United States of America, what the medical profession, under its outgoing president, Dr. Gorgas, with the assistance of the United States Army, has done for the Canal Zone.

"I am glad to know that you members of the medical profession not only believe in something besides making money and keeping out of jail, but that you are also willing to fight for your belief; and if the other professions of this country—particularly my own—are to continue to rank among yours in respectability and public confidence, it must enjoy the distinguished pleasure of imitating your example.

"I trust that the sessions and deliberations of this Association will be of benefit to the people of this State. As has been well said, there can be gathered together no body of men whose deliberations would excite more general interest than the members of this profession. Your work has to do not only with the problem of human weakness and human disease, but it has to do with the overpowering problem of human existence itself. Twice in the life of each of us

we require the services of a physician, and your capacity for usefulness is not limited to the relief of human weakness and disease. Your work has not only contributed to the advancement of civilization, but it has increased the duration of life and added to the capacity of man for healthful and proper enjoyment.

"Sometimes, in your efforts to make progress and to acknowledge error, doubt is aroused and suspicion raised in the minds of the layman as to the science of your profession itself; when we find one year a certain method of treatment of disease is abandoned and a radically different method adopted, the cry is apt to be raised, that, after all, the practice of medicine is but an intelligent system of empiricism, and that we are taking long chances when we summon a medical man to help us in distress. To my mind, that is one of the most hopeful indications of progress that unfortunately is not imitated by all of the learned professions. The advancement of the medical profession along scientific lines constitutes one of the great achievements and triumphs of this wonderfully progressive age."

After referring to the present-day asepsis of the operating room and the discovery and use of the antitoxins, etc., he said:

"Truth never seems so simple as when it has been scientifically ascertained and announced; and after many of these things you medical men discover and tell us about, we wonder that you did not discover them and tell us about them many years ago. Nobody of intelligence to-day questions the germ theory of disease, and yet that theory was scientifically ascertained and definitely announced within my own lifetime. To-day the medical profession knows accurately the habits and all the characteristics of the germ of tuberculosis. We are simply grateful to you for having done so much, and that you have taught the individual how he may substitute himself in the manufacture of vaccines from his own person and prosecute this work of segregation for himself.

"But your activities as a profession, fortunately, have not been confined to these professional investigations and discoveries that have to do with the treatment of special diseases. I undertake to say that your work along the lines of preventive medicine and of movements for the improvement of the public health are, more than any others, the reasons why the medical profession holds—as it does hold to-day—its deservedly high rank in public estimation and esteem, and the work and the future usefulness and development of the medical profession, in my judgment, lie not so much in curing or in making sick people well, as it will in preventing well people from becoming sick. * * * * * I undertake to say that the time is not far distant when the American people will recognize the inconsistency—if not absurdity—of spending millions of dollars each year for the protection of our cattle and our sheep and our hogs from the ravages of disease, and spending but a few paltry dollars for the protection of our women and men and children."

The Governor then referred to the State Board of Health of Missouri and the legislation the past year, giving it new powers and passing a law establishing a Bureau of Vital Statistics, he said:

"Further than this, I have taken the position that the State Board of Health should be composed of men who are interested in one of two lines of medical work. As I have the appointment of that board, I have a right to be discriminating, and that board must be composed of physicians who have been interested either in the improvement of medical education or in the protection of the public health. I have appointed, and I intend to appoint, on that board only members who receive the endorsement or recommendation of the State Medical Association. * * * You as a profession are able to put your own houses in order. You have cleaned up your own Augean stables by driving from your ranks the quacks and abortionists and the charlatans and the impostors. I want to say to you that the State Board of Health in the State of Missouri has been actively on the firing-line, fighting a battle for a clean profession against the elements which foster disgrace and dishonor. In that regard I can say again, to the other profession, the legal profession, if it is to continue in public confidence and approval, it must follow your example, because we have in our ranks quacks and abortionists and charlatans and impostors in our pettifoggers and shysters and ambulance-chasers, and a certain class of lawyers who are all the more disreputable because, with greater capacity for injury in our legislative and judicial lobbyists, in eminent lawyers who, in order to screen rich clients, violate the law and bring the legal profession into disrepute, securing for them immunity.

"I trust that in the general beneficial influence that will come from the deliberations of this convention there may percolate down or gravitate up to the legal profession something of that spirit of modern medicine which demands that the learned profession shall also be kept clean."

Sectarian Medicine.

From the address of President William H. Welch at the Sixty-first Annual Meeting of the American Medical Association.

The introduction of Senator Owen's bill has been made the pretext for an attack on this association of such a preposterous nature and led by interests of such a character that there is no occasion for our concerning ourselves seriously with it. We represent no school of medicine and no system of healing, allopathic, old, regular or other. We are simply physicians, as chemists are chemists and physicians are physicians, seeking to advance the boundaries of medical knowledge and to base, so far as possible, the practice of our art on scientific principles and sound experience. Our concern with the legal regulation of the practice of medicine differs in no respect from that of the rest of the community and is merely that those who assume to practice the healing art as a profession shall have some adequate knowledge of the human body in health and in disease. While we know, as all men of science must know, that there can be no dogma, principle, system or method universally applicable to the treatment of disease, we are aware that new knowledge may come from the most unpromising sources, and we are eager to discover what good there may be in the claims of the advocates of any peculiar system of treatment; and if such is found, there is nothing whatever in our principles to prevent us from

adopting it, or, in fact, from employing any method of cure which the physician may deem best. We have no intention or desire to interfere, even if we could, with the freedom of the individual to employ any one or any method of healing he may please, so long as the interests of public health are not endangered thereby. Incredible as it may seem to those whose vision does not extend beyond personal and commercial interests, we are engaged in the campaign for public health from purely altruistic motives, for we hope the day is not far distant when there will be less disease to demand the services of physicians.

The idea that a federal department of health could have anything whatever to do with the regulation of the practice of medicine throughout the country merely betrays abysmal ignorance of the constitutional principles of our government. Of the two great divisions of medicine, it is only with the curative that sectarian medicine has concerned itself, while to the preventive side, where our great conquests lie, it has contributed nothing. It is not surprising that the better representatives of sectarian medicine, realizing the false position in which it has been attempted to place them, should have hastened to disclaim any connection with the grotesque movement organized to defeat the creation of a federal department of health on the ground that it is favored by the great body of physicians of this country represented in this association.

Value of Optimism in Medicine.

By Dr. Edward L. Trudeau, of Saranac Lake, N. Y., President of the Congress of American Physicians and Surgeons, at the eighth triennial session, Washington, D. C., May, 1910.

Optimism is a product of a man's heart rather than of his head; of his emotions rather than of his reason; and on that account is rather frowned on by physicians whose scientific training naturally leads them to depend entirely on the qualities of the intellect and look with suspicion on any product of the emotions. Optimism is a prominent factor in anything a man may achieve in life. It is a mixture of faith and imagination, and from it springs the vision which leads him from the beaten paths, urges him to effort when obstacles block the way, and carries him finally to achievement, where pessimism can only see failure ahead. Optimism means energy, hardships and achievement; pessimism, apathy, ease and inaction. Optimism may, and often does, point to a road that is hard to travel, or to one that leads nowhere; but pessimism points to no road at all. The doctor, whether he be a scientist and his life wholly given to scientific investigation in a laboratory, where reason and intellect reign supreme, or whether he be wholly a practising physician and surgeon in daily contact with suffering humanity in its struggle with disease, will need all the optimism he can cultivate if his life is to be as fruitful in results as it can be made. The practising physician must have optimism if he is to develop a full degree of efficiency in meeting the terrible emergencies of acute illnesses and accidents or the long-drawn-out struggle with lingering and hopeless disease and at the same time inspire his patients with a degree of optimism which means everything to them in the ordeals they have to pass through. Ian Maclaren's optimism was of this kind, and Dr. Grenfell's optimism is every day helping him to heal, not only the sick bodies, but the broken spirits of men as well. This is the highest type of optimism the doctor may attain to, as its influence may reach not only to the physical, the intellectual and the psychical, but even to that dim ethereal region of the spiritual, from which springs man's most sacred and cherished aspirations. Perhaps the most brilliant and striking examples in our time of the value of optimism, each representing one of the two extremes of the medical profession, that is, experimental science, and practical medicine and surgery, are Pasteur and Grenfell. Optimism is the one thing that is within the reach of us all, no matter how meager our intellectual equipment, how unpromising our outlook at the start, or how obscure and limited our careers may be. In a long life which has been lived daily in contact with patients beyond the reach of human skill, who through months and years of hopeless illness looked to me for help, I have indeed had need for all the optimism I could cling to. It has ever been a precious asset to me, and, I hope, to those about me as well, and has never entirely failed me. Let us not, therefore, quench the faith nor turn from the vision which, whether we own it or not, we carry, as Stevenson's lantern bearers their lanterns, hidden from the outer world, and, thus inspired, many will reach the goal; and if for most of us our achievements inevitably must fall far short of our ideals; if when age and infirmity overtake us "we come not within sight of the castles of our dreams," nevertheless all will be well with us, for, as Stevenson tells us rightly, "to travel hopefully is better than to arrive, and the true success is in labor."

Medical Defence—New York State

Report of the Counsel—James Taylor Lewis, Esq., reported, at a recent annual meeting, that no year in the history of organized malpractice defence had been so fruitful of results in the stamping out of blackmailing cases as the present one. During no year had the counsel met with such enthusiastic support by the medical fraternity as during the one just ended. Dr. Lewis began the defence of malpractice actions on September 1, 1900. Since that time over 250 cases had come before him, and of that number 138 had been actually tried, none finally lost and one was now on appeal. Not one dollar of damages had ever been paid. This was a result not even hoped for, and the success of organized malpractice defence in the hands of State societies had been demonstrated. It was interesting to note that during the past year a great majority of the cases begun were by women plaintiffs.

New Members of the American Medical Association from New Jersey.

Dougherty, Arthur C., Newark.
Flynn, Thomas H., Somerville.
Foster, George H., Rockaway.
Miller, H. Garrett, Millville.
Muttart, George W., Jersey City.
Reid, John W., Kearny.
Runyon, Laurence P., New Brunswick.
Winslow, John H., Vineland.

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Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal, should be addressed to
William J. Chandler, M. D., South Orange, N. J.

Opportunity in Medical Practice.—"Do not misapprehend the dignity and importance of your efforts because of the humble station in life of your patient. The country doctor whose homely science restored Abraham Lincoln to health in boyhood days, probably made a larger contribution to the needs of humanity than did the brilliant surgeons who operated on Napoleon III. or the Emperor Frederick. It might be well to remember this, gentlemen, as you sit at the bedside of some bare-ankled girl or some freckle-faced boy. Only a large perspective reveals the true relations of things."—*McWhorter.*

Comparative Value of Physicians.—One physician of scientific method is worth more to a community than twenty who are guessing and groping.—*President Faunce, of Brown University.*

The value of medical societies, especially to the young physician, is immeasurable in many ways. How many medical colleges convey a knowledge of this fact to their students? Are there a dozen in the whole country? To the shame of the colleges, no! Correct conduct as a physician in little things and big, toward his patients and toward his confreres, making for happiness and success. Are there a dozen medical colleges in the country that appreciate this? No, "All that is necessary is that a man should be a gentleman" is the excuse, but this is not true. The medical code is broader than the social code.—*Jour. A.M.A.*

INDEX FOR VOLUME VI.

With this issue of the Journal we send the Index for Volume VI. We have sought to make it as helpful as possible to our members by giving its preparation more time and care than usual. If our readers will observe carefully the explanatory notes at the head of the Index they will readily ascertain where to find the articles sought for.

ROBERT KOCH.

Among the many great men of our profession who have recently passed away none has occupied more eminent position than Dr. Robert Koch, the great German pathologist and scientist, who, with the immortal Pasteur, founded the science of bacteriology and the germ theory of disease, and in the development of that science Koch's name stands pre-eminent.

He was born in Klausthal, Germany, December 11, 1843, and died in Baden-Baden, May 27th, 1910. Once a country doctor, he, by self-denying, persevering application and thorough scientific investigation, achieved for himself a position as one of the greatest discoverers of the nineteenth century—a century marked by most marvelous progress in medical science, and wrought out for humanity the solution of problems which entitle him to be named as one of the world's noblest benefactors. He discovered the spores of the anthrax bacillus in 1876; the bacillus of tuberculosis in 1882; the comma bacillus of Asiatic cholera in 1883; tuberculin in 1890, and doubtless his last great work in investigating the sleeping sickness in South Africa will confirm and add somewhat to the value of the discoveries of his fellow-workers, the English investigators.

Probably Dr. Koch's greatest contribution to medical science was at the Berlin Physiological Society when he presented his paper

on "The Etiology of Tuberculosis," in which he set forth his discovery of the tubercle bacillus as the cause of the disease and the proper methods to combat it, which has put within the power of the profession the mastery over one of the most prevalent and most fatal of diseases affecting both man and beast.

A recent editorial in the A. M. A. Journal concludes with these words, which all who know of the man and his work will endorse:

"Rarely, if ever, have so many discoveries of such decisive importance to mankind emanated from the activities of one person; yet he served with all humility of mind. He simply tried to do his duty, being, as he said, fortunate to find sometimes the gold among the gravel of the road which is open to every one. When we consider the advancement medicine owes to Robert Koch and the endless and inestimable blessing which has come to mankind through his work and life, there comes an overpowering sense of admiration, reverence and gratitude."

OUR ANNUAL MEETING.

The sessions of the One hundred and forty-fourth Annual Meeting of the Medical Society of New Jersey closed at noon, June 30, in the Hotel Chalfonte, Atlantic City. The fact that this issue goes to press so soon thereafter, makes it impossible to adequately express our appreciation or judgment of its proceedings, but we believe it was the largest and one of the best annual meetings the Society has ever held. The attendance was remarkably good. In our last issue we asked our members to make it a record-breaker—to help make it reach 500. The total attendance—including as usual the guests—was 519. We missed some of the older members, none more than Dr. John W. Ward, a Fellow who has been most faithful in attendance and in service—not missing a meeting the past 39 years. The Society expressed its sympathy for him in his sickness, that prevented his presence this year and its hope for his speedy restoration to health. A like resolution was passed concerning Dr. D. A. Currie.

The scientific program presented, was of a high order of excellence and it was carried out. The Orations in Surgery and in Medicine, by Drs. John B. Deaver and W. Gilman Thompson, respectively, were masterly and practical. The address by President E. A. Waddington and Vice-president Norton L. Wilson were excellent and dealt with timely subjects, in a practical manner, and the papers presented were, generally, well written and made helpful contributions to our scientific knowledge; some also ably dealt with some of the problems affecting the medical profession and the profession's relations to the public.

Dr. Elbert S. Sherman, of Newark, was awarded the prize of $100 for his essay on Ophthalmia Neonatorum.

We were highly honored in having with us, as a guest, the President of the American Medical Association, Dr. William H. Welch, of John Hopkins University, Baltimore, who on being introduced, received an ovation, and his address was replete with sound, practical thought on the character and position of the profession, its work and its relations to the public, the nostrum evil and the false systems that threaten the health interests of the people. We will give our readers a summary of his address in a subsequent issue of our Journal

The work of the House of Delegates, we believe, will be generally commended. The reports were, in the main, excellent, and the actions on business matters and methods were wisely conservative and will tend to promote the Society's and the profession's welfare. The action on the proposed amendment was decisive—being defeated by five to one—13 voting for it and 65 against. It was doubtless favored by many, at first, under a misunderstanding of existing conditions caused by the circulation of erroneous reports, and we are exceedingly sorry to add by an anonymous circular. It was necessary that the Society should take some action on the methods used to defeat the Medical Practice bill, which passed both

branches of the Legislature, and on the attitude of the Governor toward that bill and our representatives, and also on his position favoring the lowering of preliminary educational requirements in this State, which has resulted in the loss of reciprocity between this State and the State of New York. The resolution, adopted unanimously by the Society, which will be found below, was dignified in its tone, and it was justifiable.

Senator Frelinghuysen, president of the State Senate, and Speaker Ward, of the Assembly, received the Society's thanks, by motion, for courtesies extended to the Society and its representatives, and Dr. W. E. Ramsay, assemblyman, also was thanked for his very earnest and efficient advocacy of the bills for the public good, which the profession endorsed. He also received at the Tuesday evening session, a beautiful loving cup from his many friends in the Society, to which he made a happy response.

As to future action on the Medical Practice Bill, we believe the Society voted wisely in unanimously endorsing the Trustees' recommendation—that a Conference of the Committee on Legislation with the State Board of Medical Examiners, and the president of our Society, the editor of the Journal and the recording secretary, be held in the fall, to consider the advisability of introducing a new bill at the next meeting of the Legislature, and if deemed advisable that our Committee be authorized to join in preparing such bill and having it introduced at next winter's legislative session. Other actions on this and many other matters to which we cannot refer will be given in the August and September issues of the Journal. We desire, however, to mention that the Committee of Arrangements, of which Dr. W. F. Ridgway, of Atlantic City, was chairman, provided very liberally for the comfort and enjoyment of the members and the ladies who accompanied them. The entertainments were much appreciated and greatly enjoyed.

The next annual meeting of the Society is to be held at Asbury Park, June 27-29, 1911.

The editor greatly appreciates and returns hearty thanks for the generous words of commendation of the Journal and for the liberal action taken toward both the Journal and its editor. We believe this means a better Journal, because of the more hearty support of our members and the more active co-operation of the officials of our State and county societies which their words and actions lead us to expect. It certainly will mean the endeavor of the editor to render the best service he is capable of giving, when thus encouraged, and he will ever welcome helpful advice and criticism.

The editor has been compelled, by recent illness and by the pressure of editorial and other professional work before fully recovering strength, to forego careful reading concerning, and intelligent comment on, the recent meetings of the American Medical Association; the American Medical Editors' Association; our A. M. A. Association of Secretaries and Editors; State Society's Association of County Secretaries and Treasurers and of the New Jersey Pediatric Society, and he can only briefly refer, at this time, to the meeting just closed of our State Medical Society. He hopes in the next issue, to refer to the annual meetings of the above mentioned organizations. For the same reason he begs the forbearance of the readers for any omissions or inaccuracies in this issue that may possibly have escaped his notice.

Resolution Adopted by the Medical Society of New Jersey at Atlantic City, June 28, 1910.

Whereas, At the hearing on the Medical Practice Bill, at Trenton, Governor Fort publicly questioned the veracity of Dr. L. M. Halsey, the chairman of our Committee on Legislation, and treated the representatives of our society discourteously by refusing a proper discussion on the merits of the bill, by unceremoniously closing the hearing; therefore,

Resolved, That the Medical Society of New Jersey, in annual meeting assembled, hereby places on record not only an expression of perfect confidence in Dr. Halsey, but also of deep regret that the Governor of our State so lost control of himself as to reflect discredit upon his high office and dishonor upon the State; and, moreover, that his actions have resulted in

lowering the standards of preliminary educational requirement in New Jersey and the consequent loss of reciprocity between our State and the State of New York.

In Defense of the Medical Profession:

From the Newark Evening News, June 2.

To the Editor of the News:

Sir—Your editorial in yesterday's News on "Opposition to the Department of Health" was certainly interesting. Your view is hardly as broad as one would expect from the best evening newspaper in the world.

In the first place, there is no allopathic school of medicine. The term "allopathic" is an opprobrious name applied many years ago to regular scientific physicians by the homeopaths.

There is no desire on the part of the medical profession, i. e., the regular scientific medical profession, to abridge any one's liberty, or take away any one's freedom. It is not a struggle between orthodoxy and heterodoxy at all; it is simply a contest between knowledge and ignorance. The same struggle occurred between the medical profession and the homeopaths, which struggle, as you astutely observe, has ended. Why? Simply because the homeopaths of to-day have become so well educated that they are practising scientific medicine, and there is no longer any reason for opposing them.

That the American Medical Association is trying to create any sort of a monopoly or trying to get any governmental power is arrant nonsense. More homeopaths to-day belong to the American Medical Association than to the American Institute of Homeopathy.

The objection to osteopathy is not that those who practise it do not know how to massage and manipulate, but because they do not know anything else. Massage and manipulation do good when properly applied to suitable cases, but they do harm in other cases, and have even been the indirect cause of fatal outcome in unsuitable cases. The osteopaths apply their treatment to all cases, without discrimination, because they do not know anything else.

The medical profession is working for Senate bill No. 6049, because it is for the best interests of the general public. In doing this it is entirely unselfish. In fact, it is, as usual, working against its own financial interests, apparently. But it does so on the broad principle that what is best for the mass must be good for the individual. How this bill can be of any advantage to any individual physician is at present impossible to see. That it will be of great good to the American public is enough for the medical profession to know in order to work for it.

The medical profession does not pretend to know all there is to be known about the causes, prevention and cure of disease; it is not a restricted "school," and is forbidden to practise any restricted doctrine or dogma. It is willing to accept truth from any source, and has been able to find some grains of truth even in osteopathy and Christian Science. It has learned much from homeopathy. All these things, when proved and found good, are adopted by regular, scientific physicians, and used in their practice. To accuse the medical profession of narrowness or selfishness is wrong. It is probably the most entirely unselfish body of men in the world to-day, and the most poorly paid.

Yours very truly,

James Henry Berton.

June 2, 1910.

Editorials from Medical Journals

A Sane Fourth of July.

From the American Journal of Surgery, June, 1910.

Blinding, crippling, killing hardly seems the most rational method of encouraging civic pride; $20,000,000 are spent in the United States on fireworks to celebrate each Fourth of July, and to what end? From 1903 to 1907, 1.153 persons were killed and 20,520 were injured. In 1908, 163 children were killed and 5,460 were injured. In 1909 215 children were killed. The Glorious Fourth! Such a fatality from any other cause would provoke harsh criticism and corrective measures. Properly conducted, fireworks displays at night are a pleasing and not inappropriate form of celebration. But what have pistols, toy cannons, and giant crackers to do with pyrotechnics?

The campaign for a sane Fourth of July, started eight years ago by The Journal of the American Medical Association, and waged by that Journal and various medical and lay publications, is at last bearing fruit! In New York city, a new kind of mayor, whose public acts during the few months of his incumbency have worked more good than many of his predecessors accomplished in their entire terms, has found it worth while to execute a written law and, by his order, no fireworks will this year be sold in the metropolis between June 10 and July 4. Other municipalities, including Washington, D. C., have gone still further in providing appropriate patriotic exercises and sports by which the Fourth of July can be celebrated, and which children will enjoy at least as much as shooting one another. Besides the relief from unnecessary fires, these sane celebrations will cause rejoicing at hospitals, because of the absence of the usual noise, and of the ambulance activity. Peace will reign instead of war; more patriots will survive to rejoice again next year.

In those communities where pistols, cannons, bombs and fire crackers will still be exploded, the fire engine, the ambulance and tetanus antitoxin will again be in demand; and when the day's din is silenced there will arise the groans of the injured and the wails of mourners—the dirge of an inglorious Fourth!

The Power of Public Opinion.

From the A. M. A. Journal, Feb. 19, 1910.

For some time the better class of metropolitan newspapers, with but few exceptions, have excluded the advertisements of the notorious quacks that infest the larger cities of the country. One of the exceptions was the New York World—possibly the greatest paper which continued to carry that class of advertising. Now we learn that the World has closed its columns to the quacks, and the reason for this step is given by Printer's Ink: "The World had no fine-spun moral motives in crowding several of

the 'old doctors' out in the cold; it appreciated to the full the $30,000 a year which this publicity brought to its till. Yet the manager had had occasion to observe quite frequently that the 'big' advertisers of established character and clean reputation disliked being put into the company of the 'doctors'' copy." In view of this attitude on the part of the decent advertiser, those in control of the World "have wondered whether they might not actually make money by passing up this $30,000." They have evidently decided they might. The effect of this changed policy on newspapers in general is discussed by Printer's Ink: "When a powerful and matter-of-fact journal like the World * * * decides that it's poor business to harbor the 'doctors' longer, other newspapers are likely to ask themselves similar questions and wonder whether they might not actually make more money if they should follow suit." To attempt to moralize on this matter would be fatal. Enough that a step—a big step—toward decency has been made. We can at least congratulate ourselves that an enlightened public opinion has brought about a state of affairs where newspapers find that it actually pays—pays in hard, cold cash—to reject indecent and fraudulent advertising. Even the most pessimistic must acknowledge that conditions are improving.

The American Druggist Syndicate.

Editorial from Critic and Guide, Feb., 1910.

When I told a druggist friend that I considered the American Druggists Syndicate (A. D. S.) the greatest misfortune that could ever befall American pharmacy, and that I meant to say so in the Critic and Guide, he, the good friend, said: "Don't!" And he said so most emphatically. He said he saw the Critic and Guide in many stores whose proprietors were members of the syndicate and displayed the A. D. S. sign in their windows, and he thought that an editorial against the A. D. S. would offend many of my subscribers and would cause them to cancel their subscriptions. Well, the editor has never yet wavered in his determination to say what he meant to say for fear of losing a subscriber—or an advertiser—and he does not mean to begin now. His backbone has become too stiff to bend in different directions, "as the case may require." If some of our pharmaceutical subscribers see fit to cancel their subscriptions, because they cannot hear a disagreeable truth—why, they are at liberty to do so. I will only pity them the more. And so here goes.

In my opinion the American Druggists Syndicate is the greatest curse of American pharmacy to-day. There never has been another agency which has in a similar frightful manner tended to so lower, degrade and prostitute the pharmaceutical profession of the United States. If there is anything that will lead to the ultimate ruin of pharmacy as a profession, reducing it to the lowest of trades, it is the American Druggists Syndicate—that is, if the pharmacists of the country do not awaken in time to the fact that they are being led to an abyss, and if no emphatic halt is called to the further schemes of cunning and unethical promoters.

It has taken several years of the hardest kind of labor and propaganda to arouse the druggist to a realization of the fact, that the profession of pharmacy consisted in something more than in advertising and selling patent medicines to the laity. It has taken many years of hard work to establish a semblance of cordial relations between the professions of medicine and pharmacy, the basis of the cordiality being the tacit understanding that the druggist will not actively participate in the spread of patent medicines. But along comes a lay promoter—a man without any idea of pharmacy or medicine, without any knowledge of or sympathy with the ethics of the medical and pharmaceutical professions, but with all the necessary qualifications of the mining stock schemer or land office agent—proposes to the druggists of the country to become patent medicine manufacturers on a wholesale scale, and thousands of druggists fall into the trap, and proclaim the promoter a Moses, who will lead them into the promised land of financial plenty.

That so many druggists should fall victims to the promoter's schemes and glib-tongued arguments, I am not surprised, for the business acumen of many druggists and their outlook on things in general are equal unto those of a newborn babe; but one thing I would advise them very earnestly. And that is to remove their A. D. S. signs from their windows. For it won't be long before the sign A. D. S. will, in the physician's mind, become synonymous with substitutor. For the physician is becoming aware—I have heard many such expressions—that the A. D. S. is putting up substitutes not only for common patent medicines like Lydia Pinkham's Compound, but also for every well-established ethical preparation, and that the druggists are urged to use them at every opportunity. It will not be long before the physicians will fight shy of such drug stores and will caution their patients against dealing there.

No, friends, your salvation is not in making a penny more on a bottle of patent medicine, your salvation is not in manufacturing and in dispensing inferior substitutes for well-established superior preparations (this is positively suicidal), and your salvation is certainly not in being led by the nose by a cunning promoter, who is concerned only with feathering his own nest, who does not care a rap about you or your profession, and who will drop you the very instant he finds there is no more money to be made out of you.

Remember my words.

Humane Treatment of the Insane.

From the Medical Record, April 9, 1910.

A strange residuum of the middle ages during which barbarous practices toward the insane were considered good treatment, consist in the present practice of the care of the insane pending commitment. Under the law, the superintendent of the poor in counties or the overseers of the poor in towns are charged with the duty of caring for the insane in their respective districts, from the time they are noticed and apprehended until they are examined for commitment to a State hospital. The insanity law provides that a temporary paper, consisting of the certificate of two physicians, who are certified examiners, sworn to before a notary, may be prepared hastily and used for the quick transportation and lodgment of a patient in a hospital, if, within ten days, a duplicate paper, properly completed by the addition of the commit-

ment of a judge, follows. Without an hour's delay after the receipt of notification that a patient has been committed a nurse or nurses are sent forthwith to bring the patient to the hospital in the most comfortable and reassuring manner. It is probably due to absence of information as to how such unfortunates can be handled that over five hundred men and women are lodged in jails and lockups in this State, contrary to the provisions of the insanity law. Some superintendents and overseers of the poor are skillful, humane and judicious men, who take good care of the insane pending commitment; others, unfortunately, either lack initiative or lack information as to how to perform their duties in this respect. Often patients are brought to the hospital from uncomfortable, sometimes filthy and vermin-infested cells, not infrequently occupied in common with persons accused of crime, notwithstanding that this is specifically forbidden by law. In many cases also there is entire lack of provision for attendance on the insane by persons of their own sex, the impropriety and danger of which proceeding to both the patients and their custodians can scarcely be exaggerated. Innocent persons may be exposed to false accusations, from which they may have no opportunity to defend themselves, for many physicians, even those accustomed to analyzing the charges and reports of the insane, believe the stories told by these defenseless women. The danger to the female patient needs no comment. In one instance, a nurse found an insane woman entirely nude in her cell,and the only person to attend to her was a man who handed her food in at each meal.

A Senate bill No. 831, introductory No. 766, has recently been introduced by Senator Cobb, to provide for the substitution of the local health officers for the superintendents and overseers of the poor, in the matter of caring for the insane pending commitment. This bill provides that the health officer shall be paid proper fees and expense, which shall be determined and allowed as a charge upon the respective county or town by the judge ordering the commitment or hearing the application for the commitment. The bill is approved and endorsed by Dr. Eugene H. Porter, New York State Commissioner of Health; by Dr. Albert Warren Ferris, the president of the State Commission in Lunacy, and by Dr. William L. Russell, the medical inspector attached to that commission. The latter's wide experience with the condition of all the patients recently received into State hospitals renders him peculiarly fit to judge of the present status of this matter, and the proper means for obviating the difficulties and dangers of the situation. The bill is endorsed also by the medical superintendents and managers of the thirteen civil State hospitals, and also by many health officers.

In the interest of ordinary humanity this bill ought to become a law, and its passage would be ensured if the physicians in the State would write to the Hon. George A. Davis, chairman of the Committee on Judiciary, and to the Hon. George H. Cobb, temporary President of the Senate, urging that the bill be reported out of committee immediately and advanced rapidly to final passage. The press of the State has alluded to the sad conditions of the uncommitted insane at frequent intervals; but it is still a fairly common occurrence to find these poor sick people spoken of as "prisoners suspected of insanity" or "insane offenders," terms which recently appeared in one of the Buffalo newspapers. The insane are neither paupers nor prisoners, but simply sick people, who deserve the same kind care and treatment as the unfortunate victims of any other form of illness.

Object and Purpose of Medical Legislation.

Extracts from the Wisconsin Medical Journal.

The one object and purpose of all medical legislation—the protection of the public—is the keynote of this argument.

Special interests, personal or professional considerations, are entirely ignored and discountenanced. Fairness and impartiality in presenting our case has been our purpose and aim.

The purpose of all medical legislation is to protect the public, not the doctors. The legitimate doctor needs no protection—nor does he ask it. In fact, no restrictive legislation as to qualification for the practice of medicine redounds to the financial and professional advantage of the well-equipped and able physician, if ethical considerations and the interests of the public are disregarded. The malpractice of the quack and charlatan will sooner or later drive the unfortunate victim, if he survives, to the reputable physician for treatment, and his aggravated ailment, by reason of his experience with the quack and charlatan, will increase the fee for efficient reputable medical service. Let it be stated right here and once for all—and the statement is made as the result of the experience and observation of the writer as attorney for the Wisconsin Board of Medical Examiners for the past ten years—that the twenty-five hundred or more reputable, painstaking, self-sacrificing and efficiently trained medical practitioners of Wisconsin have not, and never had, any bigoted purpose in view when they advocate and advocated, stringent medical legislation with reference to the required qualifications for the practice of medicine and honorable and professional conduct after admission to such practice.

Our own Supreme Court has used language as follows:

"The peril of the community at large from the presence of unfit, and incompetent practitioners (of medicine) fully justifies restriction by the legislature, to exclude the latter." State ex rel. Kellogg vs. Currens et al., 111 Wis., 431, 437.

Harmony and Honesty.

From the A. M. A. Journal, Feb. 19, 1910.

In the correspondence department of this issue is a letter that every physician and pharmacist should "read, mark, learn and inwardly digest." Coming from the chairman of the Committee on Revision of the U. S. Pharmacopoeia, its very source would command attention, even if the excellence of the suggestions it contains did not do so. As Professor Remington says, the nostrum evil—that bete noire of both professions—"is being controlled to an extent that few physicians realize." The medical profession probably fails to appreciate the very great changes that have taken place in the nostrum world within the past half-decade. Coincident with a changed attitude on the part of the majority of pharmacists toward "patent

medicines" has been as great a change on the part of physicians toward the "ethical proprietaries." Such changes augur well for the future of pharmacy and medicine. We may look hopefully forward to the time when the physician shall no longer be a prescriber of ready-made mixtures, but a writer of real prescriptions, and when the druggist shall cease being a retailer of "patent medicines" and become a scientific compounder of official drugs. This professional millennium, however, will not be reached by ignoring the "patent medicine" and "proprietary" evil, which, like a festering sore in the pharmaceutical-medical body, causes both local irritation and systemic weakness. Each profession must attack the problem squarely and openly, and, recognizing the seriousness of the disease, be willing to apply heroic treatment. By all means, let physicians and pharmacists work together in harmony and good fellowship, and let it be the harmony that comes from a unity and honesty of purpose and a common desire to render greater service to those who are dependent on both professions—the sick and suffering public.

What is the State Medical Society?

Editorial in the Wisconsin Medical Journal, March, 1910.

When we stop a moment to consider the composition of the State Medical Society it should give to each of us a new feeling of responsibility. It is simply ourselves incorporated. It is composed of all the members of all the county societies. Apart from them it has no existence. It has been mentioned at our annual meetings that some men wished to become members of the individual county societies without joining the State Medical Society. It would be just as feasible for a man to desire to become a citizen of a county in the State, but not of Wisconsin.

Each one of us is an integral part of it and is as much responsible for its welfare and success as well as for its management, as is any other individual member. Its virtues are our aggregate virtues and its shortcomings equal the sum of our failings. Ours is the spirit which pervades it and as we are small or great in our thoughts and actions so will its corporate character be.

We are members of the medical commonwealth, whether we will or no, from the moment of our birth into the profession, and what we are and what we do affects not ourselves alone but the whole medical body politic. This is our individual responsibility, it rests upon each one of us, and we cannot avoid it. We may appoint some one to act for us in an executive capacity, as a president, a secretary, or a councilor, but the ultimate responsibility in the medical as in the political republic rests upon the individual. A realization of this mutual responsibility is as necessary to medical morals as it is to political morals. And of this realization, with a sense of our common needs and similar aspirations, the State Medical Society is the outward and visible sign. Through it medical citizenship becomes effective and articulate. Admission to it is automatic; we become members of the State Society by virtue of our membership in the county societies. Like the suffrage, this membership should be almost universal.

Governor Tanner on Osteopathy.

(The following apeared in the Illinois Journal three years ago, but it is just as sound common sense to-day.—Editor.)

The osteopathic conspirators that lately boasted that they were going to get their system legalized in every State, with the privilege of practising without an examination, have come to grief in Illinois. Governor Tanner was ready with his veto as soon as the bill had passed the Illinois Legislature. He gave the following reasons for the course he pursued:

"The act is clearly in the nature of class legislation in that it discriminates in favor of one particular method of treating diseases of the human body and against all other methods. To allow this measure to become a law would be demoralizing to the practice of medicine and treatment of diseases of the human body, and to a large extent destroy the usefulness of the State Board of Health.

"The act would open wide the doors of Illinois to incompetent and unscrupulous adventurers, calling themselves practitioners of osteopathy, and there would be no remedy. The more meritorious the system the better it can afford to stand on a perfect equality with other recognized systems, and willingly subject itself to the control of the State Board of Health under the general law.

"If by my veto I was subjecting the adherents of the new system to any undue hardships or depriving them of any rights enjoyed by others engaged in the laudable business of healing the afflicted, I would hesitate, but I am not. The system or method being new, comparatively untested and very indefinitely understood, there is all the more reason for the general supervision and control of the State Board of Health, without which I am unwilling to give my approval, and therefore return the bill to be filed with my objections."

It is a mystery to us how some men could ever put themselves on record as voting for so unreasonable a measure. Had the bill become a law it would have changed Illinois from being the banner State of the West in dealing with quackery into one of the worst dumping-grounds for quacks. We congratulate the members of the profession in Illinois for their deliverance from the impending calamity.

Sudden Death.

From the Therapeutic Gazette.

Dr. Blake, writing upon this topic, "Annals of Surgery," July, 1907, notes that we cannot yet predict with any certainty the individuals who are doomed to sudden death, or the time of its occurrence, but we do know many of the pathological conditions which predispose to it and the circumstances under which it most frequently occurs. In endeavoring to guard against it we must remember:

The comparative frequency of status lymphaticus. At least eight cases have come to medicolegal autopsy as the result of sudden death in Boston within the past year, and in the experience of only two medical examiners. Another has been withheld from operation by the skilful diagnosis of a physician; another died shortly after a simple circumcision. It is believed that the diagnosis can often be made in advance by attention to the possible presence of a thymus, bowing of the femurs, a

thick, short neck, and, in men, pubic hair of the female type. Of the eight cases upon which autopsy was done six died almost instantly, and two some hours after a slight injury was received.

The invariable necessity for a more thorough and complete examination and personal history before operations even of a minor character.

The importance of diminishing to a minimum preanesthetic fright, apprehension, and intense emotion, for the sake of the patient's safety as well as comfort. (Dr. Crile has reported an admirable method of doing this in thyroid cases.)

The very great importance of complete histories and autopsies in every case of sudden death, an end which can be best attained by securing the active co-operation of medical examiners and coroners' physicians.

The necessity of the careful report of every case of operative sudden death, even if no autopsy is obtained, by the surgeon in charge of the case. It does not seem essential that such reports should be originally presented to the world at large, but they might well be made to a small committee of the American Surgical Society and by them examined and analyzed, and the essential facts brought to the attention of the medical public.

Dr. Blake would greatly appreciate any notes of sudden death of the character above described which have occurred under the observation of members of the American Surgical Society.

Vivisection.

From the Elizabeth Journal.

Many good people are interested in the question of "saving the animals," as they say, from the doctors' knives. We read a great deal on the subject in the newspapers and magazines. But while it is easy to see that there are two sides to the question, the mistake of criticising the scientists who are doing so much for humanity must be apparent. All that should be demanded is that reasonable care should be taken to protect the animals from unnecessary suffering.

No Partisanship in Medical Legislation.

From the Camden County Medical Society Journal.

That the doctor in the Legislature is in a position to render valuable aid to the profession, no matter what his political affiliations may be, has been forcibly demonstrated during the session of the New Jersey Legislature, just closed. Asesmblyman Ramsay, who is a member of the Middlesex County Medical Society, was a representative of the minority party in the Assembly, and, as would reasonably be assumed, was not in an advantageous position to originate or carry to a successful issue measures in which he or his party were deeply interested. But he demonstrated that he possessed those qualities that make for success; was affable, courteous, persistent—attributes so essential to one in his position—and thus won the respect and esteem of his opponents to such a degree that they could say, as was remarked to the writer by a prominent official of the House, "He was a Democrat, but he was a good fellow."

This but demonstrates the correctness of the argument advanced by the third vice-president, at the meeting at Cape May, last June, when it was said that if a doctor is elected to Congress, the State Senate should rejoice, for, "no matter what his party affiliations may be, he would still be a doctor, and one who has been placed in a position to advance the work to which the profession is pledged."

Hospitals, Training Schools and Sanatoria.

City Hospital, Newark, Training School:

Graduating exercises of the City Hospital Training School for Nurses were held in June in Wallace Hall. Fifteen young women received diplomas from Dr. Hermon C. H. Herold, president of the Board of Health.

The program included vocal and instrumental selections by Paul Petri, Mrs. Lillian Jeffreys Petri, Mrs. John Courrier and Edwin Wickenhoefer. A short address was delivered by Rev. Dr. William H. Morgan, pastor of Central M. E. Church, who related a recent personal experience of illness, during which, he declared, the gentle influence of his nurse did more than the anesthetics of the physician to alleviate the agony he sometimes suffered.

In presenting the diplomas, Dr. Herold spoke briefly to the graduates. He said, in part:

"As a member of the Board of Health, I have kept in close touch with your duties at the hospital. I know the high scholarship the school maintains, the strict discipline it requires and the thorough training the course maintains. Therefore, I cannot congratulate you too highly. That your efforts may be crowned by the great end—the consciousness of fulfillment of duty—is the wish I bring you from the members of the Board of Health."

The graduates were Misses Elizabeth A. McColl, Anna Maxey, May A. Lyons, Sarah A. Honey, Lillian Barnes, Elizabeth J. Donnelly, Jean H. Galbraith, Florence E. Gibbs, Mertie M. Adams, Margaret Bicksler, Eva Braun, Della J. McCormack, Lydia B. Ransom, Margaret M. Smith and Jennie E. Leber.

Cooper Hospital Training School for Nurses, Camden, Commencement Exercises.

Nearly one thousand persons were present at the First Methodist Episcopal Church to witness the conferring of diplomas to the graduates of the training school.

The graduates were Misses Mary Greene Atkinson, of New Jersey; Marion Edith Beberidge, of Canada; Lulu May Briggs, of Pennsylvania; Mary Emma Cardwell, of New Jersey; Elizabeth Lynde Hammel, of New Jersey; Babette Jeanne Faure, of France; Mary Edna McAfee, of Canada; Grace Nora Mack, of Canada; Theresa Raymond, of Canada; Anna Black Spain, of New Jersey; Mrs. Abbie Ogden Pierre, of New Jersey, and Mrs. Elizabeth Tyler Wilson, of New Jersey.

Promptly at quarter past 8 o'clock the organ began to peal the grand march and the pro-

cession, led by the graduates, was begun. They were followed by the Junior Class, the Alumnæ Association, the Board of Managers and the faculty. The graduates wore white dresses and the nurse cap and carried handsome bouquets of pink carnations and sprays of fern.

The stage was occupied by Mayor Charles H. Ellis, the medical staff of the institution, the Board of Managers, Rev. Holmes F. Gravatt, pastor of the First Methodist Episcopal Church; Rev. Alfred G. A. Buxton, rector of St. John's Episcopal Church, and the Rev. James D. Bills, pastor of the Tabernacle Methodist Episcopal Church.

The program was opened by an invocation offered by Rev. Buxton. This was followed by the conferring of diplomas by Alexander C. Wood, who acted in the place of Augustus Reeve, he being sick and unable to attend. Wood was followed by Dr. Daniel Strock, chairman of the committee, on the Nurse Training School.

(For Dr. Strock's address see page 74.)

Mayor Ellis delivered a very encouraging address to the graduates upon the humanity of the vocation of a nurse, and he was warmly applauded. The Mayor was followed by Edward L. Farr, who, in announcing that the addition was soon to be erected, said:

"One year ago at the commencement exercises of the Nurses' Training School of the Cooper Hospital I made the first public announcement of the intention of the Board of Managers to erect a new building for the use of the out-patient department and for other purposes, and stated that a canvass would be made to secure subscriptions for the amount which would be required for the erection and furnishing of this building, which was then estimated to be about $5,000. I am very glad to say that the contract has been let for the erection of this building ,which will include on the first floor a large waiting-room and a number of rooms for the use of the different departments of the out-patient service. These rooms will be fitted up so as to enable the doctors on our staff to have all the facilities for the proper care of those coming to the hospital for the treatment. The second and third floors of the building will be devoted to private rooms with diet kitchens and all other appliances to enable the hospital to care for private patients in the best possible manner. These rooms will be perfectly plain in finish, but are so arranged as will give facilities of every kind equal to those of the best and most modern institutions. The removal of all private patients to this building will enable the hospital to use the rooms now occupied by private patients in the main building, for ward purposes, and for caring for the constantly increasing members of the staff and household of the institution. Like all enterprises of this kind, the cost has exceeded our expectations and the building completely furnished will cost something over $60,000. It is the purpose of the managers of the hospital to ask the public-spirited people of Camden to subscribe for the entire amount necessary to complete and furnish the building. The efforts which were put forth by the committee in the early part of the year have resulted in subscriptions amounting to nearly $30,000. In the fall another effort will be made to secure the balance of the money required, and we feel confident that the people of Camden will be glad of the opportunity to have an increasing part in the work of the institution."

Rev. Gravatt provoked much laughter with his ready wit when he presented the class with the class pin, which he termed as "forget-me-nots." Following his speech, the distribution of flowers was begun. They had been arranged in a semi-circle around the platform and the collection included nearly one hundred bouquets.

The exercises were closed by the benediction pronounced by the Rev. James D. Bills, pastor of the Tabernacle Methodist Episcopal Church.

After the commencement exercises were finished in the church two hundred invited guests were received in the parlors of the hospital and were entertained by the nurses. An orchestra rendered several catchy selections while the participants were served with sumptuous refreshments.

Mercer Hospital, Trenton.

The Ladies' Aid Society of Mercer Hospital yesterday presented to the men's board of the institution $500. The meeting was conducted at the parlor of the Y. M. C. A.

A donation of $1,000 is made every year to the board by the ladies and yesterday's donation was the first payment. The second payment will be made later in the year.

Monmouth Memorial Hospital.

Through Joseph Addison Woolley, of New York, a summer cottager, announcement has been made that the Monmouth Memorial Hospital is in receipt of a $12,000 donation. The gift will be used to pay for the new addition to the nurses' home and furnish the same.

The new wing will be named "Elizabeth Mason Woolley King," in memory of Mr. Woolley's deceased wife, and a suitable tablet will be inscribed. The contract to erect the power plant building has been awarded to the M. V. Poole Company, whose bid was $10,850.

North Hudson Hospital.

In the presence of several hundred people, President Louis A. Menegaux, of the board of governors of the North Hudson Hospital, dedicated the new building on Bullsferry road, Weehawken, on Sunday afternoon, May 29th, at half-past 2 o'clock. Meanwhile hundreds more waited upon the steps outside and in the rooms adjoining the male ward, where the speakers' platform had been erected, in hopes of hearing some portion of the ceremony. At least two thousand visited the new edifice during the day, passing through the various rooms and inspecting the result of nine years' worthy work on the part of those who have been connected with the institution. By this evening everything will be moved from the old hospital building on Palisade avenue, Union Hill, to the new one.

The Rev. A. D. Pfost, of the German Evangelical Church, Union Hill, opened the ceremonies with prayer and benediction. He followed with a brief talk on the goodliness of the work in hand, and begged each one to bear his share in the cost of caring for the sick. President Menegaux followed with the words of dedication, and Judge Robert Carey was last with an exhortatory speech, telling the need of

help. He related the history of the institution and lauded Mrs. Mary L. Baltz, of Union Hill, one of the first contributors toward the building of the new structure and always an active worker.

President Louis A. Menegaux, in his dedicatory speech, simply declared the institution to be dedicated to hospital purposes for the care of the sick and injured. He again told that the institution would be conducted as before, admitting every one in need of care, regardless of race, creed or color. He regretted that inadequate accommodations during the last year at the old hospital have necessitated turning away many patients. The present building would, he said, meet requirements for some time to come.

Judge Carey, besides dwelling to some length on the history of the institution, spoke highly of Mrs. Baltz. She secured and gave the first $12,000 toward the building fund for the new hospital building.

"No praise can be too high for this woman," declared the judge. "What she has done will receive the silent thanks of many sufferers better cared for through her efforts."

Relating to the maintenance of the institution, Judge Carey blamed those who had not come forward to assist.

"It is like this," he said. "A man or woman passes a hospital and wonders how it is kept up; how the many cases are cared for, and who backs it financially. If they bother to inquire they will learn that, in most cases, private contributions are the sole support. Such is sufficient, for, with the thought, 'Let the other fellow do it,' they dismiss the subject from their minds.

"Do not depend upon the other fellow," concluded the judge. "He, too, may begin to think the same thing, and then who will pay?"

The present building contains two private wards, containing three beds each; eight private rooms, children's ward, and male and female wards. The last will be started with ten beds in each and gradually increased to fifteen. The operating-room is located on the top floor, northerly end. Laundries and kitchen are in the basement. They have every modern appliance and convenience.

The annual meeting of the Board of Governors of the North Hudson Hospital was held last night in the Union Hill Town Hall. The officers of the association were elected for this year, also several members of the Board of Governors were chosen.

When the election of the officers was over, President Menegaux spoke on per capita tax as a support of the hospital. He said:

"It is about time that the hospital was supported by a per capita tax instead of being supported by private contributions and donations from the various charitable organizations.

"At the end of every month our hospital always faces a deficit. Some months it is greater than usual and as a rule we have to resort to contributions to help us meet it. Our hospital is growing and daily we are taking in more patients than ever before.

"We have had patients even from as far as Jersey City and some come from the other end of the county in Shadyside and even Edgewater, Bergen County. They are coming in at all hours of the day and night and in the near future we shall have to increase our medical staff and employ more nurses. This means added expenses, and yet under the present conditions our source of revenue is not increased to any extent.

"As an emergency hospital there is no fee charged the patients for ordinary services, and nearly seven-tenths of the persons who go to the hospital for treatment do not give a penny in payment for their treatment, and if they do it is only a part payment.

"Under the per capita tax system the hospital would be supported in a fitting manner. The expenses of running the institution would be supported by the various towns and under this rule the affairs of the hospital could be conducted on a more business-like plan.

"In order to make a try at getting the various North Hudson towns to support the hospital, I think it would be advisable for us to request them to name some member of their governing bodies in such town and then arrange for a joint meeting with this board.

"If the boards of councils in all the towns were to send one member we could discuss the question and no doubt come to some satisfactory agreement."

The members of the board thought the suggestion a good one, but no date was set for the meeting. The matter was laid over for the next meeting when a date will be set and the joint conference will be held.

State Hospital Nurses' Training School, Trenton.

The sixth annual graduation exercises of this school were held June 1, 1910, in the auditorium at the State Hospital, Trenton, and were largely attended, the public having been invited. There was a fine musical program rendered by the hospital orchestra, composed of attendants under the direction of Professor Henry Veghti.

This year's class was composed of Miss Anna Mary Maguire, Miss Alwilda Frances W. Scott, Miss Mary Leslie Merrill, Miss Mary Ann Waller, Miss Jennie Bell Swarner, Miss Mary Ethel Martin, Miss Ethel Cameron Pyle and Miss Elizabeth Cecelia Attwood. They have undergone a thorough course in practical and theoretical training and are equipped for the management of cases of all sorts of mental derangement.

The exercises started promptly at 3 o'clock. On the platform were the members of the Board of Managers, Dr. Cotton, medical director, members of the staff and several nurses. The opening number was an overture by the orchestra. This was followed by the invocation by the Rev. Francis Palmer, pastor of Prospect Street Presbyterian Church. There was another orchestral number, and the address by Dr. Charles W. Page, superintendent of the State Hospital at Danvers, Mass. This address was to the class, and contained many valuable and interesting things of note for the benefit of the graduates. Dr. Page's remarks were all of the medical technical sort, covering the subjects which the graduates had studied so long.

The presentation of diplomas by Judge Vroom followed a short address by him, in which he complimented the graduates for their success in studies which he declared are hard, tedious and at times discouraging. He pointed out in his address the difference between this sort of training and that received in the other hospitals, and in declaring that the graduates deserved

much for their work, wished them success in life.

In the audience were many friends of the graduates, and each member of the class received large bouquets and presents from relatives and admiring friends. Their diplomas were of the parchment sort, such as are issued by the State, and were neatly engraved. They bore the signatures of the Governor, the board of managers, and the medical director of the hospital.

Following the closing selection by the orchestra the Rev. Mr. Palmer pronounced the benediction.

At noon the members of the class were entertained at dinner at the hospital, and in the evening there was a reception and dance in the auditorium in their honor.

In 1903 the first class of nurses was organized at the State Hospital, and the following year the first graduating class received diplomas. The graduates had been students at the institution for a considerable time longer than a year. The school now offers a two years' course, comprising lectures by Dr. Cotton, medical director of the institution, and the members of the staff. These lectures cover a wide scope of subjects and practical demonstrations.

The graduates may remain at the institution if they desire, and are given positions above those held by attendants not having diplomas. Many of the graduates remain at the hospital while others take a course in general training and go out into a wider field of the work.

State Hospital, Morris Plains.

Extensive improvements to the State Hospital at Morris Plains, among them the building of a tuberculosis hospital, are under consideration by the board of managers of the institution. At a recent meeting of the board details of the work of constructing a separate building for tubercular patients was talked over. An appropriation for this purpose has been made by the Legislature.

That such a building was needed was admitted by physicians at the hospital yesterday. It was said that there are many patients in the hospital suffering from tuberculosis, but that great care has been exercised by Medical Director Britton D. Evans to keep them from coming in contact with other inmates.

The board is also to supplement the present water supply with driven wells.

An appropriation of $2,500 made by the Legislature for O. C. Hammergram, an employee at the hospital, who fell from the icehouse some time ago, injuring him for life, has been paid to the man.

St. Barnabas Hospital Training School.

Bishop Edwin S. Lines presented diplomas to a class of four graduates at the commencement exercises of the Nurses' Training School of St. Barnabas' Hospital, held in the chapel May 17th, in the afternoon. The Rev. Henry H. Hadley, rector of St. Paul's Episcopal Church, delivered the baccalaureate address. He told the graduates to regard their position as a calling from God and not as a profession, and refererd to the opportunities presented to the nurse of ministering to the mind and soul as well as to the body.

The speaker advised the young women to continue study and keep abreast of the times in the medical world. Bishop Lines pronounced the benediction, and a short musical program concluded the exercises.

Diplomas were awarded to the following: Miss Annie Ketch, of Morristown; Miss Alice M. Coffin, of Montreal, Canada; Miss A. Florence Hodgson, of Eau Gallie, Florida, and Miss Mary C. White, of Newark. Following the exercises a tea was held in the nurses' home. A large number of relatives and friends of the graduates were in attendance. Dr. Theodore W. Corwin, of the hospital staff, tendered a farewell reception to the class in the evening.

St. Francis' Hospital, Jersey City.

One of the peculiar incidents in the history of St. Francis' Hospital, East Hamilton square, Jersey City, took place in the operating room of the hospital yesterday, when two patients, both extremes in age and suffering from the same ailment, were operated upon. The operation was for a rupture. The first patient operated upon was a four-months'-old baby, the patient of Dr. Patrick J. Hamill, of Mercer street. It was the youngest baby that was ever placed on the operating table. The operation was a success. Shortly after the baby had been removed Edward Riordan, an old-time resident of the Horeshoe, was placed on the table to be operated on for a similar ailment.

Mr. Riordan is more than 75 years old. This operation was also a success. Mr. Riordan resides at Ninth and Provost street, Jersey City.

The doctors who operated on both Mr. Riordan and the baby said after the operations that yesterday was a history making day for St. Francis' Hospital.—The Observer of Hudson County.

St. Peters' Hospital Training School, New Brunswick.

Dr. Frank M. Donohue, president of the medical staff of St. Peter's Hospital, was the principal speaker at the first annual commencement exercises of the nurse's school of that institution in Columbia Hall, June 1st. The exercises were very interesting. Dr. Donohue spoke of studies the young ladies have to take before they receive a diploma as a trained nurse.

Miss Kathryn Cafferty was the only graduate. Besides the diploma and pin she also received several large bouquets of flowers from her many friends. On the platform with Miss Cafferty were the other nurses of the hospital, Monsignor O'Grady and the following members of the medical staff:

Dr. Laurence Runyon, Dr. J. Warren Rice. Dr. Frank M. Donohue, Dr. F. E. Riva and Dr. Howard C. Voorhees. Dr. Patrick O. Shannon presided.

The exercises opened with a solo entitled, "The Sea Is My Sweetheart," by Eugene W. Morris. A quartet composed of Mrs. George F. McCormick, Mrs. John P. Wall, J. Charles Bogan and James J. Finnan rendered two numbers.

Dr. Donohue in his address stated that this was the first graduation exercises held by St. Peter's Hospital since it was organized. When the class was first formed it was composed of six members, but all but one of the members had dropped out.

The speaker said upon a young lady making application to become a nurse the application is presented, the character proven and the applicant placed on probation for three months. During this period the young lady is permitted to go into different wards and see the dressing done.

After three months the applicant is admitted to the training school. She is given books to study and once a week hears a lecture by one of the members of the medical board. At the end of the course the student is given a review of her entire studies. This is followed by the final examination, which is a thorough one. After she passes she becomes a trained nurse.

Dr. Donohue explained what a benefit a trained nurse was to a physician and surgeon. He also gave some advice to the graduate, urging her to be faithful to the physician who is taking care of the patient which she is treating and never give words of discouragement.

He referred to the graduate as a bright student and wished her God-speed in her new profession.

Michael J. Smith sang "The Garden of Roses," and Dr. J. Warren Rice presented Miss Cafferty with the class pin. Dr. Rice made a brief address in which he wished the graduate much success in her new undertaking.

St. Vincent's Nursery and Babies' Hospital.

Graduation exercises for the nurses who have completed their course of training in the school connected with St. Vincent's Nursery and Babies' Hospital, Montclair, were held June 15th. Those who received their diplomas were Miss Beatrice M. Farrell, of Montclair; Miss Annie McManus, of New York city; Miss Anna M. Burke, of Jamaica, Long Island, and Miss Sarah Connor and Miss Elizabeth A. Gilhooly, both of Orange.

Upon the recommendation of the superintendent of nursing, Sister Anna Bernadine, the prize for the highest scholarship was presented to Miss Farrell.

The address to the graduates was given by Dr. Martin J. Synnott, of Montclair. Dr. William H. Areson, of Upper Montclair, presented the diplomas and medals to the class. In his talk Dr. Synnott complimented the graduates on the record they had made during their training.

The sisters in charge of the hospital have arranged to open a milk dispensary and an outpatient clinic during the summer months for poor babies and children. The milk dispensary will be modeled after the one in operation at the Babies' Hospital of Newark.

William McKinley Hospital Training School, Trenton.

The commencement exercises of the William McKinley Hospital Training School for Nurses were conducted June 9th, in the State Street M. E. Church, and were largely attended, despite the inclement weather. The graduates and officers of the school occupied seats on the platform, which was decorated for the occasion with flowers and potted plants.

The graduates were: Miss Fannie M. Gerson, Miss Mabel Terry and Miss Olithia S. West, all of that city.

Dr. William W. Speakman, of Hahnemann Medical College, Philadelphia, addressed the graduates, and gave them sound advice in relation to the practice of their profession. The diplomas were presented by Dr. A. W. Atkinson and the class pins by Rev. T. Bond Holland, rector of St. Michael's P. E. Church. Rev. Dr. Isaac S. Wood, pastor of State Street M. E. Church, made the opening prayer.

At the conclusion of the exercises a reception was held in the Sunday-school room and refreshments were served.

Thoroughly Sanitary Hospital.

From the Observer of Hudson County, June 21st.

In Lima, Ohio, there is now nearing completion a new State Hospital which is already famed as the finest and most unusual structure of its kind in the United States and probably in the world. The buildings, all of which are reinforced concrete, constitute a monolith.

Forms were built for the walls, ceilings, doors and roof and the concrete was poured in, making all one solid piece. The whole comprises what is said to be the largest group of concrete buildings in the world.

The arrangement is the result of a desire to isolate the different sections and at the same time have them strung together by connecting links. Almost two years were consumed by the Building Commission and the architect in devising the plans.

The building surrounds a rectangular court 250 by 500 feet. Each building, or group of buildings, radiating from this court is known as a pavilion, and each pavilion has an individual court, used by the patients for exercising and sitting in the open air. To the rear of the hospital is the power house, which will provide power, light and heat and water supply. Ultimately detached cottages will surround the monolith.

All conduits for electric wires and telephones and all pipes for heating and water supply are built in the concrete. As far as possible wood has been eliminated, the hinges for doors and the anchors in window jambs for steel window guards being sunk into the concrete.

All the exterior walls have a brick veneer, an interesting feature in concrete construction. There is nothing in the structural parts of the mass of buildings that will disintegrate, and the whole thing is considered almost indestructible.

Hospital Work in Korea.

Dr. Jesse W. Hirst, of Seoul, Korea, addressed the prayer meeting at Prospect Street Presbyterian Church, Trenton, recently. He spoke of the character of the work that is being done in the Severance Hospital at Seoul. Dr. Hirst being a member of the medical staff.

The Severance Hospital is one of a half dozen operated in Korea under the auspices of the Presbyterian Board of Foreign Missions.

Dr. Hirst said that there were annually about 500 patients at the Severance Hospital and about 10,000 out patients. On the medical staff there are two foreign and two native physicians, while the nursing staff consists of an American nurse and several native nurses and ten undergraduate nurses. In connection with the hospital a medical school and training school for nurses are conducted. There are thirty-two medical students and ten training for nurses.

The medical course is four years and the nursing course two years. In connection with the hospital there is a church with a congregation of 300.

Belle Meade Sanatorium.

The Belle Meade Farm Colony and Sanatorium was incorporated by the Secretary of State lately, with an authorized capital stock of $125,000. It is to deal in farm and dairy products, breed cattle and conduct a general agricultural business, and also to establish and maintain a colony for the care and treatment of the sick, particularly those suffering with nervous and mental disease.

Verona Tuberculosis Sanatorium.

Dr. Edward E. Worl, superintendent of the City Tuberculosis Sanatorium at Verona, declared that, while figures presented at the sixth annual meeting for the study and care of tuberculosis showed that the average cost of each patient per day in forty sanatoriums was $1.67, the cost per patient in the local institution is $1.59.

Sanatoria of Russia—Inebriety Statistics.

From the Berlin Letter, A. M. A. Journal.

Statistics of the persons addicted to alcohol in the general sanatoriums of Prussia from 1877 to 1907 have been published by the Prussian statistical bureau. The tables show a considerable and, with some exceptions, a steady increase in the number of inebriates cared for, in the sanatoriums; for 1877, 3,052 (2,854 men and 198 women); for 1887, 10,410 (9,775 men and 635 women); for 1897, 12,256, and for 1907, 17,302 (16,343 men and 969 women). This marked increase (about six-fold in thirty years) does not reflect accurately the increase in inebriety, as sanatorium treatment may be more extensively applied at the present time than thirty years ago, and the number of institutions has increased, while neuropathic inebriates permit themselves to be sent to sanatoria more readily than formerly.

The fact that the consumption of alcohol in Germany is very large is shown by an article in the Reichsarbeitsblatt, the imperial labor journal, according to which Germany stands second among the various countries in the use of spirits. The highest consumption of spirits is in Denmark. But as a whole, consumption of spirits is decreasing, except in America, and very markedly of late in Germany—a fact which is probably to be attributed to the boycott on spirits by the social democrats of which I have previously informed you. England takes first place in consumption of beer, Germany second. In the average for the years 1904 to 1908, there was a yearly consumption in Germany per capita of the population of 3.86 liters of 100 per cent. alcohol as spirits, and of 116.66 liters of beer. Assuming the average price per liter of 100 per cent. spirits as 24 cents (1 mark) and of a liter of beer as 8 cents (0.3 mark), the population thus spends annually per capita for brandy, 93 cents (3.86 marks) and for beer $8.40 (35 marks). With a total population of 64,000,000, this represents an expenditure of $596,880,000 (2,487,000,000 marks) alone for beer and spirits. If the use of wine is estimated according to previous figures at 5.82 liters per capita and the price is taken as 1 mark per liter, the amount stated would be increased by about $93,122,000 (375,500,000 marks). The entire yearly expense for alcoholic drinks would approach $750,000,000 (3,000,000,000 marks), more than twice as much as the expense for the army and navy, more than four times as much as the appropriations for the entire industrial insurance, and about five times as much as the expenditures for the public schools. The role which alcohol plays in the economy of workingmen is shown by an investigation of the imperial statistical bureau among a limited number of families of workingmen, officials and teachers; the entire expenditures in 155 workingmen families for the whole year were $430 (1,789.35 marks), of which 4.8 per cent. was spent for alcoholic drinks; 50 families of government employees had an entire expense of $685 (2,850.89 marks), including 2.5 per cent. for drink. Among the families of workingmen, the expenditure for alcohol is not only relatively but absolutely higher. The relation of the expenditures for alcohol to those for food of workingmen is 8.02 per cent.; among government employees, 3.12 per cent. Other calculations show that German workingmen consume more alcohol than the American.

Obituaries.

MARCUS—At Atlantic City, June 16, 1910, Dr. Herman D. Marcus, aged 40 years.

Mentally unbalanced through worry over long continued ill health, Dr. Herman Marcus committed suicide at his home, 1301 Pacific avenue, by drinking a quantity of hydrocyanic acid. He was found unconscious and dying in his bedroom by a trained nurse who summoned Dr. E. A. Reilly, but Dr. Marcus was beyond all human aid, and died without regaining consciousness.

Dr. Marcus is said by physicians who attended him to have been a monomaniac on the subject of poison. He is reported to have made several prior attempts to end his life by taking poison, but until yesterday never took enough to do the deed, being resusciated each time by doctors who were called to his aid.

Dr. Marcus is survived by his widow, three children, a boy 17 years of age, and two little girls.

For many months past Dr. Marcus has been suffering from a nervous disorder. He has been under the best treatment that could be procured, but his condition has for some time past been regarded as precarious and his close friends would not have been surprised to hear of his death at any time. Recently, it is said, the physician has been acting in a way that indicated he was mentally unbalanced, for his illness has caused him much worry.

The doctor was in the habit of taking naps in the afternoon. He retired yesterday afternoon shortly after one o'clock as usual. A few minutes later the nurse heard him call. She rushed upstairs and found his room door closed and locked. She ran to another door, only to find it locked, and then fearing the worse climbed out of the window upon the porch roof and thus gained access to his room. He was lying fully clothed upon his bed in an unconscious condition.

A partially empty bottle of poison told the story and without delay the girl summoned Dr. Reilly. The latter came with all dispatch and

took the necessary measures for resuscitation, but it was impossible to save the man

Dr. L. R. Souder, county physician, and Detective Charles Appel, of the police bureau, made an investigation. It was a clear case of suicide, however, and no inquest was ordered.

Dr. Marcus drank about two-thirds of an ounce of the poison as was indicated by the contents of the vial found by his side.

The deceased was about 40 years of age. He graduated from the Medico-Chi, Philadelphia, in 1891, and was for a time a professor at that institution. For some twelve years past he has practised in this city, although within the last couple of years he has been obliged to refrain from much active work, owing to his physical condition. He was a member of the Atlantic County Medical Society, New Jersey State Medical Society, and of the American Medical Association. He was also a member of the Atlantic City Lodge, No. 276, B. P. O. Elks.

The news of the suicide was received with deep regret in all parts of the city, for Dr. Marcus was personally popular among his colleagues and a host of friends. He was born in Paris, France, an Austrian by birth. The doctor was accomplished in many other things besides the science of medicine. He could both speak and write French, German, English and several other languages. He mastered French and German before his English. Dr. Marcus had practiced in Atlantic City about six years.

At an informal gathering of the Atlantic County Medical Society at Northfield late yesterday afternoon resolutions of regret at the death of the fellow-physician and of sympathy for the widow and family were adopted.—From Atlantic City newspapers.

The following action has been taken by the Atlantic County Medical Society:

Whereas, The Atlantic County Medical Society has learned with regret of the untimely death of our fellow practitioner, Dr. Herman D. Marcus; be it

Resolved, That this Society keenly feels his loss as a brother physician, whose ability and skill was recognized; and that we extend to his family our sincere sympathy in their bereavement.

Resolved, That a copy of these resolutions be spread upon the minutes of the society; a copy be sent to his family and a copy be sent to the Journal of the Medical Society of New Jersey.

Committee: William Edgar Darnall, M. D., Thomas D. Taggart, M. D., Theodore Senseman, M. D.

SELNOW—At Jersey City, N. J., May 20th, 1910, Dr. Frederick C. Selnow.

Dr. Selnow graduated from the University Gottingen in 1871. He was for more than forty years one of the best known practising physicians of Hudson County, and during that period prominent in German-American social circles, civic organizations and secret societies. His funeral services were held in Bunnell's undertaking parlors, at Van Horne street and Communipaw avenue, Jersey City. The interment was made in the New York Bay Cemetery at Greenville.

Dr. Selnow died after a lingering illness at his home in lower Jersey City, where he had lived for almost half a century. He was in his seventy-fifth year. Two adult sons survive him. He was for fully four decades a member of Teutonia Lodge, No. 12, F. and A. M., of Jersey City, and was affiliated with Caroline Chapter, No. 10. Order of the Eastern Star, of Hoboken.

TAYLOR—At Middletown, N. J., June, 1910, Dr. Edward F. Taylor.

TEBO—At Bordentown, N. J., June 14, 1910, Dr. Leon D. Tebo, aged 65 years.

Dr. Tebo was born on a farm in Tioga County, Pa., was a graduate of the Hahnemann Homeopathic Medical College, Philadelphia, and had practiced in Bordentown for thirty years. He was an active worker in the Presbyterian Church there. He had been married, and leaves a widow, a son and two daughters.

WIKOFF—In Galen Hall, Atlantic City, June 8, 1910, Dr. James Holmes Wikoff, aged 78 years.

Dr. Wikoff was one of the most prominent physicians of Mercer County. He was a member of the Mercer County Medical Society and of the Medical Society of New Jersey. The following is from the Trenton Times of June 8th:

Dr. Wikoff, whose residence was at 22 Nassau street, was born near Long Branch and was graduated from Princeton University in 1851. For many years he was chairman of the Borough Board of Health, was president of the Princeton Water Company, a trustee of Princeton Theological Seminary, a trustee of the First Presbyterian Church for forty-seven years, serving as president for twenty-three years, a director of the Princeton National Bank and a member of the Princeton Savings Bank.

Personal Notes

Dr. Margaret P. Brewster, Grantwood, lectured in the First Presbyterian Church recently on "The Air We Breathe."

Dr. Charles P. Britton, Trenton, and family, have gone to Bushkill, Pa., for the summer.

Dr. James S. Brown, Montclair, has gone to Mallett's Bay, Lake Champlain, for the summer.

Dr. Linn Emerson, Orange, with his family, enjoyed an extended trip to the West last month.

Dr. Joseph Fewsmith, Newark, and wife, are spending the summer months at their farm at Green Village.

Dr. C. R. P. Fisher, Bound Brook, is spending a few weeks travelling through the West. He attended the annual meeting of the A. M. A. at St. Louis, and was appointed a member of the Reference Committee on Reports of Officers.

Dr. James Taylor Harrington, formerly of Overlook Hospital, Summit, has been appointed surgeon-in-chief and general supervisor of the General Hospital at Poughkeepsie, N. Y.

Dr. Charles J. Kipp, Newark, vice-president of the A. M. A., attended the annual meeting at St. Louis, last month.

Dr. George H. McFadden, Hackensack, and family have opened, their cottage at Newfoundland, N. J., for the summer.

Dr. William S. McLaren, Princeton, is building a handsome cottage at Bay Head, where he and Mrs. McLaren will make their summer home, the doctor making frequent trips to Princeton in his automobile.

Dr. Arthur A. Mulligan, Harrison, and Dr. W. B. McGlennon, East Newark, attended a class reunion of the Baltimore Medical College last month.

Dr. Richard H. Parsons, Mt. Holly, completed last month his work as medical inspector of the public schools of that place. He found about one-fifth of the pupils had defective eyesight and many had adenoids and enlarged tonsils.

Dr. George B. Philhower, Nutley, lectured on the Yellowstone Park, before the Men's Association, of the Vincent M. E. Church, of Nutley, June 13th.

Dr. John Riordan, Carlstadt, returned home from his globe-encircling trip June 18th.

Dr. D. Edgar Roberts, Keyport, recently attended the commencement exercises of Fort Landoar Seminary, Winchester, Va., from which his daughter graduated.

Dr. Charles A. Rosenwasser, Newark, had a paper in the Medical Record, May 28th, on "Non-Detention an All-important Factor in the Treatment of the Drink Habit."

Dr. Henry B. Rue, Hoboken, and family, have recently returned from a week's visit at Atlantic City.

Dr. Ernest F. Sickenberger, Rutherford, on his world-wide journey, was attacked with appendicitis, and operated on in Naples, Italy. He and Dr. John Riordan, who accompanied him, have recently returned in good health.

Dr. Edward Staehlin, Newark, had a paper in the American Journal of Surgery, May, 1910, on "Extirpation of the Rectum for Adeno-Carcinoma by the Kocher Method."

Dr. George W. Tyrrell, Perth Amboy, addressed the Brotherhood of the Baptist Church of that city recently.

Dr. George A. Van Wagenen, Newark, and wife, have recently made a tour of the Orient.

Dr. Alexander Marcy, Jr., of Riverton, and family, expect to leave July 9th for a six weeks' tour of Great Britain.

Dr. Gustave A. Schoening, Trenton, and family sailed June 18th on a Hamburg-American liner for Hamburg. They will tour Germany. The doctor, who was born in Germany, will take a special course of study in the University of Berlin, and expects to resume practice by October 1st.

Dr. Henry L. Coit, of Newark, was elected a member of the American Pediatric Society at the recent annual meting. As only prominent pediatrists are eligible, the doctor is to be congratulated.

Dr. Henry V. Davis, North Branch, who has been seriously ill for several weeks, is recovering.

Dr. Charles H. Scribner, Paterson and family, have gone to their cottage, at Culver's Lake, for the summer.

Dr. Seigfried Husserl, Newark, recently sailed for a two months' sojourn in Europe, the greater part of the time to be spent in Berlin and Vienna.

Dr. Charles A. Gilchrist, Hoboken, and family, are spending the summer at their cottage, Centre Island, Canada.

Dr. Thomas H. Mackenzie, Trenton, has recently been elected president of the Civic Improvement Commission of Trenton.

Dr. David B. Pinder, Hoboken, and wife, are at their summer cottage, Belmar, N. J.

Dr. Henry W. Kice, Wharton, and wife, are spending two weeks at Atlantic City.

Dr. Frederick E. Knowles, Boston, is having a new residence built in Cornelia street, near Main street.

Dr. Evan T. Steadman, Hoboken, and wife, sailed on the Noordam, June 21st. They go direct to Holland, and will tour Belgium, France and the British Isles, returning about August 1st.

Dr. Clarence A. Plume, recently of New Brunswick, has removed to Succasunna, N. J., where he will practice medicine.

Book Reviews.

Education in Sexual Physiology and Hygiene—"A Physician's Message," by Philip Zenner, Prof. Neurology Medical Department University, Cincinnati. The Robert Clarke Company, Cincinnati, 1910.

The importance of the proper instruction of children in sex matters is constantly in evidence, but the delicacy of the subject often prevents parents and those best suited to impart such knowledge from attempting it. This little book gives suggestions and practical methods of instructing not only children at home, but also young men and women during their school life. Ignorance of the dangers of the "social evil" permits the ruin of many, whom a little knowledge thereof would have saved. The writer's method of presenting the subject will be of great benefit to all who have the care and training of children and youth.

Diseases of the Eye. By G. E. de Schweintiz, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania and Ophthalmic Surgeon to the University of Pennsylvania and Ophthalmic Surgeon to the University Hospital, etc. Octavo of 945 pages, with 351 illustrations and seven chromo-lithographic plates. Sixth edition. Philadelphia and London: W. B. Saunders Company, 1910. Cloth $5.00 net.

From the recognized ability of the author of this volume, and the fact that since 1892 there have been six editions of it printed, we examined its contents with more than ordinary interest and care, and we have no hesitation in commending it as one of the best and most practical works on the Diseases of the Eye that has been published. The edition has been thoroughly revised, portion largely rewritten and much new matter has been added, including special paragraphs on the use of the astigmatic lens; obstetric injuries of the cornea; posterior scleritis; cyanosis of the retina; atoxyl amblyopia; ocular complications of nasal accessory sinus disease; intermittent exophthalmos; Kuhnt-Szymanowski operation for ectropion; galvano puncture for ectropion and entropion; combined iridectomy and sclerectomy; precorneal iridotomy; V-shaped iridotomy; Smith's operation for removal of cataract in the capsule; operations for prosthesis in cicitricial orbit, etc. The author makes reference, where required, to vaccine and serum therapy; to the value of tuberculin as a diagnostic and therapeutic agent, and to the relation of tuberculosis to ocular disease. The appendix gives brief articles on the use of the ophthalmometer and

of the tropometer, and on the localization of foreign bodies in the eye-ball by the Rontgen rays. The volume is well illustrated.

MEDICAL ELECTRICITY AND RONTGEN RAYS. By Sinclair Tousey, A. M., M. D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1,116 pages, with 750 illustrations, 16 in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $7.00 net; Half Morocco, $8.50 net.

The author of this volume, while recognizing the difficulty, if not impossibility, of supplying the profession with a work on Electricity that is fully up to date, because of the rapidly developing character of the science, has succeeded in presenting a volume which can be relied upon as setting forth systematically the present knowledge of the subjects treated in a manner that will be found helpful to the practitioners in cases calling for the use of this branch of scientific investigation and treatment. We specially note the value of the chapters on electricity in diseases of the nervous system; fluoroscopy and radiography of special parts of the body, and those on the X-ray treatment in the several diseases specified; also the chapters on radium and radium therapy.

SURGICAL AFTER-TREATMENT. By L. R. G. Crandon, A. M., M. D., Assistant in Surgery at Harvard Medical School. Octavo of 803 pages, with 265 original illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $6.00 net; Half Morocco, $7.50 net.

This volume is intended especially for the house surgeons in hospitals and general practitioners, more especially for the latter who practice in communities which are not surgical centers. When we consider that surgical textbooks contain very little reference to the post-operative treatment of surgical cases, and realize how essential is that part of the treatment for rapid and best results, we recognize the good service Dr. Crandon has rendered to the profession in supplying this volume. It is well written, very practical, being marked by good common sense in its elastic and well detailed directions, and it is worthy a place in the library of every house surgeon and of practitioners who operate in surgical cases or who have the after care of patients operated on by specialists. The volume closes with an appendix giving food recipes for invalids and convalescents.

PRESCRIPTION WRITING AND FORMULARY. By John M. Swan, M. D., Associate Professor of Clinical Medicine, Medico-Chirurgical College of Philadelphia. 32mo. of 185 pages. Philadelphia and London: W. B. Saunders Company, 1910. Flexible leather, $1.25 net.

This is an excellent little volume for young practitioners of medicine, and we believe many older ones would find it helpful, especially those who have been accustomed to resort to proprietary preparations, of questionable composition, strength and purity, in the treatment of disease.

It contains chapters on the Construction of Prescriptions; Latin for Prescription Writing; The U. S. P. and its Official Preparations; Weights and Measures; Doses, Observations and Miscellaneous Considerations; Incompatibility, and a Formulary of 1,043 Prescriptions.

Public Health Items.

Fight Over National Department of Health.

From the Newark Evening News, June 18.

The Committee of One Hundred on National Health, of which Professor Irving Fisher, of Yale University, is president, has fairly got in the centre of the fight for a national department of health and in support of the Owen bill, Senate No. 6049, or any equally worthy bill. The Committee of One Hundred does not hesitate to charge that commercial interests are behind the opposition to the bill, and that "some very respectable but misguided people" have been drawn to the support of these interests by raising the cry of medical freedom. It is declared that the idea of regulating medical practice is not to be found in the bill in question. The Federal Government could not, if it would, regulate the practice of medicine. There is no purpose of entrenching on the right of a citizen to select his own medical adviser. "Senator Owen did not prepare his bill at the instance either of the American Medical Association or of the Committee of One Hundred," though both these organizations have approved the Owen bill in preference to others.

As is well known, the Committee of One Hundred is not composed of physicians mainly, only one-fourth being of this profession, but of philanthropists, educators, clergymen, editors, economists, college professors and presidents, labor leaders and the like, representing all kinds of medical preferences, but they are men thoroughly impressed by the idea of the conservation of the health of the people. They believe, too, that on such an important subject the people should have protection against commercial exploitation in the name of medicine. Nor will the proposed national department of health interfere with the function of any State in establishing its standard of medical practice.

The Committee of One Hundred, appointed by former President Roosevelt, has come to the conclusion after a prolonged study of health conditions, that the National Government should do as much for human beings as it does for cattle and hogs. If a farmer wants information about a sick hog he can get it from the Department of Agriculture. If he wants to know about the prevention of tuberculosis, his government is silent. The field which the proposed department of health is to cover is that of preventive means, methods and medicines, a comparatively new field brought to view by established principles and the science of bacteriology. How to prevent disease, conserve and prolong life is to be the quest of the proposed department. Is it better to prevent disease, or to let it fasten itself in a community in order that the experiment of a cure may be undertaken?

If the newer idea of the prevention of disease by the correct education of the people in the use of hygienic measures, by pure foods and drugs, by preventive medicines, and the inculcation of health as the nation's greatest asset; if thereby the greater part of 600,000 lives lost from preventable diseases can be saved, and if the cases of 3,000,000 people on the sick list yearly can be greatly lessened by preventive means—if the accomplishment of all this is called scientific in medical knowledge and practice, then it would seem that here is something

physicians of any school can appreciate and approve, and can bring their practice in harmony with it; and all cults in healing, too, can find no valid objection to whatever so manifestly is calculated to benefit human life. There need be no alarm felt lest preventive medicine and measures produce such a startling state of health everywhere that there will be no sick to cure. That time is a considerable way off. Meanwhile physicians will have all the freedom there is for the practice of their respective principles of cure, whether that of similarity or contrariety, or a little of each, or something that is neither one nor the other; and it may be barely possible that no one school of medicine can claim a monopoly of science.

Doctors Beginning the Battle of Prevention.

From The Observer of Hudson County.

"A victory gained over a single disease is of greater value to the world than the conquests of a dozen generals and their armies." This seems to be the new motto stamped on the check books of our millionaires. The great benefactions are going more and more into the field of preventive medicine. Of course exemption from tuberculosis or pneumonia or cancer cannot be bought in the ordinary sense. But competent men can be and are being hired in increasing numbers to carry on the fight against these scourges. This new movement is one of the most promising developments in the history of philanthropy.

Twenty-five years or perhaps ten years ago, George Crocker, with his millions, would have founded a hospital or a home for incurables—places for treating cancer or alleviating the misery resulting from it. But the world has advanced in this time. It is now striving for prevention of diseases and Mr. Crocker's millions will establish a new base of attack on cancer. For many years to come there will continue to be a large field for this latter form of philanthropy, but it is hoped that the field will steadily dwindle in size, until infectious diseases at least are eliminated.

This is an ambitious program the sanitarians are setting us; it would have been presumptive to the point of ungodliness in the days when disease was considered a part of the divine order of things. It calls for the hardest kind of work, much of which will never be appreciated, to say nothing of paid for. The successful inventor or discoverer in science climbs up a ladder built by the countless hands of previous investigators, most of them quite unknown to fame. Whether or no the Crocker fund finally unravels the cancer mystery, it will add new rungs to the ladder.

The State's Responsibility in the Prevention of Disease.

Editorial in the Missouri State Medical Association Journal.

The cause of disease prevention is attracting the supportive influence of very many organizations outside of the medical profession. The instinct of self-preservation is being rapidly lifted out of the narrow channel that has hitherto confined it to times of threatened physical assault or impending catastrophes, and given that wider and broader application which includes self-protection against diseases that the achievements of medical science have shown to be preventable. Pursuing this thought to its last analysis, we fetch up at the proposition of the State's responsibility for the sacrifice of lives that can be and ought to be preserved.

This responsibility of the State in the conservation of life is graphically portrayed in a paper, "The State and the Death Roll," by Mr. E. E. Rittenhouse, president of the Provident Savings Life Assurance Society of New York. "Over 600,000 human lives are needlessly sacrificed in the United States every year," is the opening declaration to smite the reader's credulity; and, as if this were not enough to stagger belief, Mr. Rittenhouse lays a further strain upon the imagination of the uninformed by affirming that "there are 3,000,000 persons seriously ill in the United States, at all times, more than one-half of which illness is preventable."

Unbelievable though it may seem, these statements are in reality practically correct. How often does the physician see organic disease which he knows could have been prevented from developing to the stage of incurability had it been seen in its incipiency? Much chronic invalidism can be obviated and vast numbers of people kept in comparatively perfect health if abnormalities are discovered in their early stages.

This is where the intervention of the State should enter, according to Mr. Rittenhouse's argument. In answer to his own query, "How Can the State Improve These Deplorable Conditions?" he says:

"It should enlarge its health department work in two directions: First. It should put into effect at once a systematic and permanent campaign of education for the prevention of disease of all kinds by the distribution of health bulletins and the liberal use of health and medical inspectors, and by other methods.

"Second. It should give free medical examination, periodically, to any who may desire it, for the purpose of detecting disease in time to check or cure it."

There is a soundness and a saneness in these views which should arouse the State and the Nation to abandon the indifferent attitude now so manifest toward the preservation of the health and lives of the people, and cause them to establish a practical system of instruction in well-recognized methods for protection against the encroachment of those diseases which can be prevented when brought to the attention of the physician at an early period of their existence. If this cannot be accomplished by less hard measures, laws should be enacted compelling all persons to undergo physical examination at certain specified periods.

As to Preventive Medicine.

Editorial in the Interstate Medical Journal.

One of the dominating facts which should ever be kept in the medical mind is the indisputable one, that the public has become affrighted to such an extent, on account of the almost daily ventilation of preventable diseases in the lay press, that a proper appreciation of those diseases which can be prevented—a clear line of demarcation between what diseases should be considered and what not—is almost lost sight of. This is mentioned with considerable emphasis because, if we have read aright, the authors of the articles deem the co-operation of the public absolutely necessary to the carrying out of reforms which shall benefit all mankind.

Here it would be well to pause and ask the questions, How can a public that has absolutely no training in scientific medicine be other than frightened, when certain truths are thrust upon it in such a way that they really amount to so many reprimands because scientific medicine has not been its best asset? and, Is fright the proper preparatory condition for a sane digestion which shall differentiate between what is momentous and what is unworthy of consideration? * * *

Physicians who are enthusiastic reformers are often purblind to the limitations of the public as to its knowledge of medicine. Though they may, before they don the magic mantle of him who goes amongst the people to instruct, be cognizant of the stubborn soil before them, directly they join the ranks of reformers their enthusiasm carries them off their feet, so to speak, and what they really see is only the necessity of a thorough appreciation of their lessons. This is not always forthcoming, but while others less ecstatic would be discouraged, their buoyancy never forsakes them. But, let it be said aloud, many of their wise words fail to take root, since there are more obstacles arising from a state of ignorance than these mariners in our unchartered social seas are willing to admit; and what with but a hazy comprehension of a medical subject, is it farfetched to conclude that the only outcome of all this earnestness is a feeble light, that struggles through the fuliginous darkness of a large number, and resolves itself into fear of the stern instructor, of themselves, and of all the people of their own class with whom they may come in contact?

Sanity—meaning the even balancing of things, the just estimate of their importance—is so necessary to the many instructions undertaken by physicians for the benefit of the lower strata of society, that its many absences can do naught but harm to the real worth of most movements which should be effectual in bringing about reforms. Our medical philosopher, who deserts his usual haunts and abides for a short space of time among the masses to give them a share of his knowledge and learning, is no longer the stern realist of the lecture-room or the sickroom, but an idealist whose beatific state is not in the least affected by sordid surroundings. No doubt, he knows quite thoroughly the subject he has in hand, but does he also know how impracticable many of his thinly-disguised scientific words are? Does he realize that co-operation is entirely out of the question where there are deep ignorance and want and the sort of landlordism that is supposed to be absent in this country, but is really quite widespread? Does he ever think, after one of his seemingly effectual visits, that his injunctions, but partly understood, have either been entirely neglected, or are misconstrued into something that can make only for the further bemuddling of those who live in rooms in which the walls are not covered with jasper? For these are questions which assail us every time an article on preventable disease appears in a popular magazine over the alluring name of a physician who has dexterously slipped the medical noose, and who loiters in literary paths of dalliance for the edification of the lower classes, who have neither the time, nor money, nor inclination, to read.

The Fight Against the Fly.

From the New York Daily Tribune, June 9, 1910

The health commissioner, Dr. Lederle, does well to call the attention of the public anew to the desirability of waging a systematic and persistent campaign against the house fly, and to the practical means and methods for making that campaign effective. Some of the so-called sanitary or hygienic movements of recent years have gone too far, or in an injudicious direction. Some persons have become microbe mad—morbid on the subject of chiefly imaginary "germs." But the campaign against the fly, like that against the mosquito and that against the rat and that against the pollution of water with sewage, is commended by positive knowledge as well as by the most ordinary observation.

The dirt which a fly carries, and which would be bad enough on its own account, is well known to be capable of conveying some of the deadliest of diseases. It is doubtless true that uncounted millions of flies have crawled upon articles of food without causing a single case of illness; but it is also doubtless true that a large proportion of so-called "sporadic" cases of diseases such as typhoid and diphtheria may be correctly attributed to the agency of flies, and that from this source proceed many, if not most, of the cases of enteric trouble among children—"summer complaint" and cholera infantum—is scarcely to be questioned.

The practicability of very largely abating the plague of flies is sufficiently indicated to warrant the undertaking. In several large cities and in one country rats have been almost entirely exterminated. In extensive regions where once they were almost incredibly abundant and pernicious mosquitoes have been caused to disappear or to become so scarce as to offer no menace to life, health and comfort. The fly is larger than the mosquito, and therefore its presence is more easily detected, and it is far less tenacious of life, and therefore is more easily destroyed. The literature of practical instruction on this subject which the Health Board is about to put forth will be welcome and will deserve the careful perusal and practical application of the public.

Crusade Against Flies.

From the Daily Enterprise, Burlington.

The crusade against flies is, first of all, a campaign for cleanliness. As pointed out by those competent to speak on the subject, the housefly is a natural scavenger, and some have supposed that its activities are beneficial to humans on that account.

But the tendency to seek out filth of various descriptions is invariably accompanied by a corresponding activity in spreading it. Flies swarm around stables and cesspools, feed on pathological products and then await an opportunity to enter kitchens and pantries.

Screens and flypaper are rightly esteemed a necessity, but the campaign must begin with hard, thorough work to obtain clean premises and a clean community.

Cause and Prevention of Typhoid Fever.

From the Medical Record, May 14, 1910.

After many years' search for the source of typhoid fever epidemics in the water and milk supplies of various communities, and an unsuccessful attempt to prevent this disease by

guarding the purity of drinking water and the production of milk on farms, we are now turning from these measures, or rather adding to them new ones, in quite another direction. Modern investigations of the etiology of many epidemics has shown that there was frequently some connection to be found with certain persons, who had had the disease some time before, and whose feces and urine were found to be producing and distributing wherever they went millions of the bacilli of Eberth. One of these bacillus carriers, "Typhoid Mary," has become celebrated in the annals of the city of New York, for the number of her employers and their families she unwittingly infected, and the length of her sojourn under the protecting wing of the Health Department, a sojourn which was far from voluntary. H. Rondet in Lyon Medical, for November 28, 1910, gives many striking illustrations of the propagation of typhoid fever all over France by these typhoid carriers, who either infected the wells or the streams near their sources, the water of which was very soon drunk by the inhabitants, or who, like Mary, carried the germs on the unwashed hands in preparing viands for the table. The author contends that instead of saying that this is a waterborne disease, we should say that it is of human origin. Whenever these germs find a person with weakened organism they attack his intestine and he succumbs to the disease. He believes that the bacillus coli, usually saprophytic in the intestine, under certain conditions becomes virulent and takes on the characteristics of the bacillus of Eberth. The chief prophylactic measure under these conditions should be the universal education of the public in frequent washing of hands and disinfection of stools and urine when these are not carried away immediately by the sewers.

Physicians Reporting Typhoid Fever.

The report of the Committee on Typhoid Fever at the last annual meeting of the American Public Health Association considered the matter of the reporting of typhoid fever by physicians. After dwelling upon the importance of skill in recognizing this great enemy and of faithfulness in "notifying headquarters," and of the physician's duty to the public as laid down in the principles of medical ethics of the A. M. A.—co-operating with the authorities, giving counsel and enlightening the public, etc.—the committee divided the subject as follows: (1) Why the physician should report; (2) Why he often does not report; (3) What can be done to induce him to report. These questions are then practically and concisely discussed and the report closes with the following practical and pertinent words:

"The best means of securing reports from physicians, however, is the making use of them early and energetically to the benefit of the patient and to the benefit of the community. There is, indeed, a general consensus of opinion amongst all public health men that the greatest reason for neglect of reporting by physicians is the belief on their part that the only value of the reports is in padding annual health department statistics. Where this is true, the health department is not doing its duty, and undoubtedly the most efficient and rapid method of bringing the physicians in any locality to realize the value of prompt and early reporting, is to use these reports promptly and wisely, not neglecting also to make it very evident to all concerned that such use is made of them."

Bergen Health Boards Meets.

The associated boards of health of Bergen County held a conference at Hackensack, June 21st. Officials of the State Board of Health were in attendance and all the officers were re-elected.

Dr. A. Clark Hunt, in charge of the division on medical and sanitary inspection of the State Board, spoke on "Organizing Local Boards of Health." R. B. FitzRandolph director of the State Laboratory of Hygiene, chose for his topic "Control of Food Supplies by the State Board of Health;" Arthur G. Fowler, of the division on Sewage and Water Supply, spoke on "Private Wells and Public Water;" Francis E. Daniels, State chemist, referred to "Sewage Disposals" and used lantern slides; George McGuire, of the Creameries and Dairies division, told of "State Inspection of Creameries;" and David F. South, State Register of Vital Statistics, talked of "The Value of Vital Statistics." About sixty-five persons attended the meeting.

Health Warden's Report.

Dr. W. T. Kudlich, health warden of Hoboken, made the following annual report for the fiscal year ending May 1, 1910: Contagious diseases, 509; that free vaccination was given children on every first and third Monday of each month; that several physicians have already begun reporting cases of tuberculosis; that the large number of cases of infant mortality was due to the condition of the sewers, and he recommended the plans of the late Edwin A. S. Lewis for the disposal of sewage be adopted.

Dr. Kunlich also suggested that the children about to enter the schools in the fall be vaccinated by the medical inspectors of the Board of Education.

He reported that there were but 1,126 deaths in the city during the year, and of these 169 were non-residents, making the death rate a trifle over .15 per cent.

Newark Board of Health.

At the meeting held May 17th, the wages of the City Hospital employees were increased, aggregating $249.67 monthly.

Mr. Dobbins reported for the Mosquito Committee that war was still being actively waged against the pests, and that every possible breeding place of the stingers is given attention. On his suggestion it was decided to place a device on the inside of every sewer basin in the city, from which crude petroleum will drip constantly into the stagnant water to destroy the larvae.

Investigating Slaughter Houses.

Dr. R. B. Fitz Randolph, chief of the division of pure food and drugs of the State Board of Health, has sent out to every local board of health in the State a letter asking them to furnish him with a complete list of slaughter houses in their districts. It is the intention of this division of the public health board to administer with more rigor the act of 1910, which places the regulating and licensing of slaughter houses under the Board of Health.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

The number of deaths reported to the Bureau of Vital Statistics for the month ending May 10, 1910, was 3,315. By age periods there were 510 deaths among infants under one year, 276 deaths of children over one year and under five years and 1,010 deaths of persons aged sixty years and over.

A slight increase in deaths from typhoid fever, scarlet fever and whooping cough is shown from the previous month. The mortality from measles is lower than for any period during the past year and the number of deaths from diphtheria is the lowest recorded for the last six months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 10, 1910, compared with the average for the previous twelve months, the average in each class of diseases being enclosed in parentheses:

Typhoid fever, 27 (23); measles, 6 (18); scarlet fever, 34 (26); whooping cough, 15 (22); diphtheria, 54 (53); malarial fever, 2 (2); tuberculosis of lungs, 372 (297); tuberculosis of other organs, 72 (59); cancer, 135 (140); diseases of nervous system, 388 (354); diseases of circulatory system, 392 (354); diseases of respiratory system (pneumonia and tuberculosis excepted), 276 (222); pneumonia, 361 (260); infantile diarrhœa, 59 (196); diseases of digestive system (infantile diarrhœa excepted), 186 (192); Bright's disease, 254 (214); suicide, 40 (35); all other diseases or causes of death, 642 (624); total, 3,315 (3,091).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: From suspected cases of diphtheria, 358; tuberculosis, 384; typhoid fever, 229; malaria, 21; miscellaneous specimens, 30; total, 1,022.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending May 31, 1910, 812 samples of food and drugs were examined in the State Laboratory of Hygiene.

The only samples found to be below standard were: 69 of the 535 specimens of milk; 2 of the 9 of butter; all 5 of tincture of opium, and the one of tincture of iodine. All specimens of spices, cream, vanilla extract, vinegar, borax and powdered opium were above standard. Suits were begun for adulteration as follows: 32 of milk, 2 of butter, 5 of tincture opium and one of tincture iodine.

During the month ending May 31, 1910, 88 inspections were made in 54 cities and towns.

The following articles were inspected during the month, but no samples were taken.

Milk 525, butter 552, food 937, drugs 192.

Other inspections were made as follows:

Milk wagons 316, milk depots 65, grocery stores 305, drug stores 37, milk cans 121, meat markets 26, bottling establishments 8.

Division of Creameries and Dairies.

Creameries.

During the month 115 creamery inspections were made. In 96 of these establishments milk is prepared for shipment to points in New Jersey, New York and Pennsylvania. In 6 of them, besides preparing the milk received for shipment to distributors, part of the product is manufactured into ice cream. In 13 of them ice cream is exclusively manufactured.

Alloway, Andover, Annadale, Atlantic City 13, Augusta, Barley Sheaf, Bernardsville, Branchville, Bridgeton 2, Broadway, Caldwell, Califon 2, Camden 8, Changewater, Chester, Clinton, Daretown, East Orange, Elmer 2, Flagtown, Flanders 2, Franklin Park, German Valley 2, Hampton, Harbourton, Harmersville, Hoffmans, Idell, Irvington 4, Jersey City 4, Lamington, Lebanon, Little York, Locktown, Long Bridge, Lyons, Middle Valley, Milford, Monroe, Monroeville, Mount Pleasant, Naughright, Newark 22, North Branch, Pattenburg, Pemberton, Pittstown, Pluckemin, Raritan, Readington, Ringoes 2, Rosemont, Salem 3, Sergeantsville, Sharptown, Skillman, Swartswood, Troy Hills, West End, Whitehouse, Wrightstown.

Number of creameries, first inspection for the year, 69; number of creameries, reinspection, 46; number of new creameries, 22; number of creamery licenses recommended, 3; number of water samples collected from creamery premises, 4; number reported to be polluted, 2.

Dairies.

Total number of dairies inspected, 57; number of dairies scoring above 60% of the perfect mark, 42; number of dairies scoring below 60% of the perfect mark, 15; number of water samples collected from dairy premises, 1.

During the month dairy inspections were made at the request of the following local boards of health: Collingswood, Metuchen, Paterson, Summit.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 132. Public water supplies, 64; dairy wells, 7; State institution supplies, 1; private wells, 38; creamery wells, 4; sewage samples, 16; miscellaneous, 2.

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500 " "	5.50..	7.00..	9.00..	10.75..	14.75..	17.25..	20.25..	21.00.....	3.00
1000 " "	7.00..	8.50..	13.00..	13.75..	18.75..	22.25..	25.25..	26.50.....	5.00

Conclusion of Board of Health Report.

INSPECTIONS.

Public water supplies inspected at High Bridge, Haddonfield, New Brunswick, Clementon, Roselle, Merchantville, Camden, Salem, Pennsgrove, Paulsboro, Mullica Hill.

Sewerage systems inspected at Collingswood, Westfield, Asbury Park, Riverside, Burlington, Freehold, Moorestown, Jamesburg, Woodstown, Westfield, Vineland.

Special inspections at Collingswood, Far Hills, Raritan, Summit, Hackensack, Asbury Park, Roselle Park, Verona, Waverly, Soho, Readington, Highland Park.

Stream inspection on Raritan, Hackensack, Rahway, Passaic and Peckman Rivers, Overpeck Creek, Cedar Creek, Peters Brook, Verona Lake.

Number of plans for sewerage disposal plants approved, 6; number of plans for water plants approved, 1; sources of ice supply approved, 1; number of ten-day notices issued to cease pollution, 21; number of persons summoned before the board, 104; number of pollutions discovered, 120.

The Present Status of Obstetrical Teaching in Europe and America.

The president of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington on the Present Status of Obstetrical Teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of obstetrics in America.

The committee consists of the professors of obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, Johns Hopkins University, Cornell University and the University of Chicago.

Communications from any one interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce street, Philadelphia, Pa.

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ADDRESS OF THE THIRD VICE-PRESIDENT.

Delivered at the 144th Annual Meeting of the Medical Society of New Jersey, at Atlantic City, June 29th, 1910.

NORTON L. WILSON, M. D.,
ELIZABETH, N. J.

Mr. President, fellow officers and members of the Medical Society of New Jersey:

You will permit me at the outset of my remarks to thank you cordially for the great honor you have bestowed upon me, and to express to you my appreciation of the confidence you have thus manifested.

The Medical Society of New Jersey has withstood the varying vicissitudes of one hundred and forty-four years. Its adherents include among their number those who have attained distinction in the profession and whose names and work are widely known throughout the State.

We are stronger in influence and in numbers than ever before. There would seem to be little likelihood that the society should recede from its commanding position, or that its membership should ever be animated by other than a common aim, but I would call your attention to the fact and press the truth home to each one of you that we must not cease in our common endeavor or rest content with the result of labor done in the past. In action only can life be found and the work of to-day makes the future of to-morrow.

There are those, even to-day, enrolled in the American Medical Association, who would seem to wish that it were rent in twain, and there are whisperings among our own members that might lead one to conclude that here also are entertained wishes of the same kind.

When one reads in the daily press such head lines as "Doctors' Trust Coercion Reacts on Health Bill," and looks upon cartoons of the "octopus" stretching out its tentacles grasping everything within its reach, and reads an editorial in the *Journal of Osteopathy* which says "there is no denying the fact that the A. M. A. is straining every nerve and bending every energy and calling upon its utmost resources to defeat legislation looking toward the establishment of separate osteopathic examining boards," we cannot but feel that the American Medical Association is a power for good, and it has made the charlatans of all classes squirm. It should be our privilege and duty to uphold such an organization and not be found in the ranks of the weaklings who oppose the American Medical Association from solely personal motives.

It has ever been the dream of your third vice-president to see the medical profession united in its aims and thoughts. When that time comes the people of this country may well rejoice in results accomplished through the efforts of the profession. Methods will then have been devised and put in operation which will be heartily supported by all, and the health of our people will be promoted, their span of life lengthened and their sufferings lessened.

It has been the hope of the writer that the present method of representation upon the nominating committee might be changed so that it would be more democratic. It is, therefore, suggested that a fairer and more representative way would be to have the committee made up of members selected from the counties according to the membership. The number to be determined upon a certain ratio, say one for every fifty or major fraction thereof. Every county would have representation, but the larger

county would have more delegates than a smaller one.

I regret to say that my work at Trenton during the past few years in conjunction with our Legislative Committee, has led me to conclude that the members of the profession are not a unit. Because of my experience in that work I was not surprised when I heard a legislator say to me: "You gentlemen do not know what you want. I have asked the opinion of my family physician concerning the bill under consideration and he tells me he knows little or nothing about it and cares less. I do not for that reason consider it of such importance as to bother myself about it."

This incident shows how important it is that each of us should familiarize himself with legislation, in which we should all have a deep interest and lend our aid in securing its enactment. Let us, therefore, be united.

We came nearer being a unit in thought and in purpose when an outrageous and gratuitous insult was offered to the chairman of our Legislative Committee, by the Chief Executive of this State. We resented his being called a liar even by one so high in authority, and felt that not only we as physicians had been insulted, but the welfare of the people, whose cause we championed, had been utterly disregarded. At a meeting held subsequently we were in perfect accord in the expression of our views of the Governor's actions on that occasion.

The occurrence united us in feelings of resentment and bound us together as a profession more strongly than before.

While I hope we will not permit politics to enter our society for the purpose of advancing our personal interests, I firmly believe we can accomplish much if we take the cause of the people to the ballot box.

Socrates expected the welfare of the community to be safeguarded by doctors. A book has been published on the limitations of responsibility. It is a nice question, where does responsibility end? If we are not the guardians of the health of the people, and are not bound to encourage the establishment of all that which will promote their welfare, if we feel that we have no further responsibility, and want no legislation to protect the Commonwealth, then let us so decide at once and discharge our Committee on Legislation.

If, on the other hand, we feel deeply our sense of duty and responsibility to the people of this State, let us be unanimous and sincere in our efforts and do our utmost to protect our citizens from all forms of fraud.

I have repeatedly asked my confreres if they believe in the theory of osteopathy and almost invariably they will say, "I believe those who practice in accordance with that theory do some good." There is reason to expect such an answer from the laity, but not from scientific men, who should know the theories of osteopathy.

Medicine has attained the dignity of a science and is no longer an art. It is true, it is not an accurate science, but it is nevertheless fast making strides in that direction. It seems to me that some remarks on the theories of osteopathy will not be out of place, and I crave your indulgence while I mention some of the theories with which as medical men we should be familiar.

Dr. A. T. Still, the founder of osteopathy, says in his autobiography: "Not until I had been burnt by fire, did I cut loose from that stupidity—drugs; not until my heart had been torn and lacerated with great affliction could I fully realize the insufficiency of drugs. It was when I stood gazing upon three members of my family all dead from spinal meningitis." The poor old deluded man must have been distressed as you and I have been many times. He had then been practicing osteopathy for several years, and if he had found something better than drugs why did they die?

If the practice of osteopathy had become general, Flexner's serum would not have come into existence and such scenes as described above would oft be repeated.

We find among others the following observations of the founder of the cult:

"A disturbed artery marks the period to an hour and minute when disease begins to sow its seeds of destruction in the human body. There must be normal adjustment of the bony frame work, muscles, ligaments, nerves, vessels and internal organs."

Poetically Dr. Still is correct, but practically he is wrong, as we have all disturbed arteries and disease was not sown, and we are all acquainted with the mal-alignment of the vertebra in the hunchback who is otherwise healthy. He frequently speaks of the body being a delicately balanced machine, and one is led to think that he was the first to discover this fact.

As defining what its principles are, we quote from the principles of osteopathy by Hulett, fourth edition, where he says: "Os-

teopathy is a system built upon the facts of anatomy and physiology," He admits, however, that the foundation upon which osteopathy is built is unfinished for a time at least.

He further says that every system of treatment thus far developed has been one designed primarily to combat effects, and not to look for the cause. How wide of the truth is this statement manifest when we recall that we spend a great part of our lives in looking for the cause of disease.

Hazard's definition of osteopathy is, "A system of drugless healing by which a practitioner, through a thorough knowledge of anatomy and physiology and by appropriate manipulation adjusts structures, so that nature can restore normal conditions of function to the body."

They infer that the medical practitioner has not a thorough knowledge of anatomy and physiology and, therefore, cannot manipulate appropriately.

Disease is caused or maintained by structural disorders, the removal of which constitutes the treatment, so says the osteopath, but he fails to remove the cause of the structural disorders as is shown by Hazzard, who says that diphtheria is not caused by the germ of diphtheria, but rather by pressure about the neck, which permits the germ to take lodgment. For its treatment he advises raising the clavicle and pressing the first rib downward and forward, working at its central articulation in order to correct the position of the head of the clavicle.

He further states that osteopathy has greatly simplified the treatment of diseases of the eye, ear, nose and throat, since cases of these diseases are usually treated by a specialist and by surgical methods, but osteopathic treatment of such cases has demonstrated that the major portion can be successfully treated by its methods.

In his treatment of strabismus and granular lids, he forgets his theory, for he says the lesion most frequently affecting the eyes occurs at the atlas and axis and along the cervical and upper dorsal regions as low as the fifth dorsal vertebra, but he advises "making pressure with the fingers into the orbit about the eye ball." This is massage and not osteopathy.

I have been obliged to operate upon some of these so-called cures, which showed me that the osteopath was so intent upon his theory that his common sense was warped.

The founder of osteopathy mentions the fact that while yet a boy, a case of headache was aborted by resting his sub-occipital region within a rope swing. He evidently was not aware that pressure upon the nerves for the relief of pain had been practiced early in the last century by the Griffin Brothers and by Marshall Hall, and we all know that the housewife will get relief from certain forms of headache by making pressure about her head with a handkerchief, but we also know her headache is not due to luxation of the atlas or axis, as described by Still.

There is no doubt, in my mind, about generalized tender areas over various parts of the body and particularly is this true along the spinal column, in neurasthenia and general debility. Dr. Ludlum read a very interesting paper before the American Medical Association, which was published in the Journal for May 2d, 1908. In a letter to the writer he states "these tender areas can best be studied in women who are menstruating. They will have marked tender areas in the back and the pain of menstruation can be very much helped by treating these areas. This shows a condition which can only be reflex and not a luxation, as described by the osteopath."

In reply to my question put to one of the leading osteopaths in this State, What would be your treatment in ectopic pregnancy? he said: "Our method would be just the same as yours—surgical; just as it would be in a case of ovarian cyst, most cases of uterine fibroid and cancer."

It is obvious that the osteopaths, since propounding the first theories of osteopathy, have materially changed their views. The writer communicated with the demonstrators of anatomy in the foremost medical schools in this country, and they replied that dislocations, luxations and mal-alignments of the spinal column were exceedingly rare. In the face of this statement, the osteopath bases his theory upon these rare pathological conditions.

After a careful study of this subject, I am convinced that osteopathy is founded upon a false principle, and must eventually die, if they adhere to the principles as laid down by the founder, but I am also convinced that they will by degrees absorb some of the teaching of the older schools and thereupon make their plea for recognition in this Commonwealth. It is our duty to explain to our patients the theory upon which is founded the practice of osteopathy. It is not massage and is easily capable of doing much harm.

They claim to stimulate or inhibit the

nerve action by their manipulation, and during such manipulation an appendiceal abscess has been ruptured and the life of the patient sacrificed. I do not mean to say they have not been of service to humanity, for I am convinced they have been a factor in relieving suffering mankind, just as the Christian Scientist has been of value in certain nervous diseases, but it must not be forgotten that such a factor may be more potent for harm than good and we must not permit such of our patients as might be injured to fall into their hands.

We have done our utmost to maintain the standard of medicine and have stood upon the altruistic ground, where he who attains that standard may practice osteopathy or any other pathy.

According to Webster and other dictionaries, the osteopath is practicing medicine, as the word medicine is there defined as "the science which relates to the prevention, cure or alleviation of disease."

According to a decision of the Supreme Court of this State, Herring, who was indicted and convicted in the Monmouth County Court upon the charge of unlawfully engaging in the practice of medicine and surgery, was not violating the provisions of the law. It was held that an osteopath whose treatment of his patient consists of the manipulation of the body, does not violate that provision of the act of May 22d, 1894, which forbids the applying of drugs, medicine or other agency or application by an unlicensed person. I quote from the language of the court: "In forbidding an unlicensed person to apply any drugs or medicine for remedial purposes, the Legislature plainly contemplated the use of something other than the natural faculties of the actor, some extraneous substance. A similar restriction must attach to the more general terms agency and application, and they must likewise be held to import only some extraneous substance."

It is evident from the above decision, that so long as the osteopath uses only his hands or natural faculties, he cannot be prosecuted under the present act, but just as soon as he makes an extraneous application, that is, uses a knife, puts on a splint, applies hot or cold compresses or administers a drug, he is culpable

The osteopath of to-day is not satisfied with simple manipulation; he wants to do surgery and use other means than his natural faculties.

My personal opinion is that it is far better to allow the present act to stand as it now is and endeavor to prevent any amendments thereto. The osteopath is then limited to the laying on of hands and will be less harmful to the community at large than he would otherwise be.

I cannot close these remarks without calling your attention to the faithful and arduous services rendered by the chairman of our Legislative Committee and Dr. William E. Ramsay, representative in the House from Middlesex County.

May I again impress upon you the importance of standing together, working for a common cause, for the betterment of our profession and the safeguarding of the community.

EMPYEMA.*

By IRWIN HOWELL HANCE, M. D.,
LAKEWOOD, N. J.

Overlooked long standing cases of empyema are met with frequently enough in the course of one's practice to warrant the writer in bringing before you his personal experience, and at the same time offer in contrast some histories where rapid recovery resulted from immediate operation.

Most cases complicate or are the sequelae of pulmonary diseases; but one must always remember that pus forming bacteria located elsewhere in the body may produce empyema, *i. e.* streptococcus infection of the throat, etc. The bacterial cause of the disease must be constantly carried in our minds.

The following cases are unusual:

W. C. M., 32 years, male, born in the U. S. Family history negative. Never been ill. Following an attack of extensive boils two years previous to operation suffered pain in left side. This distress was constant, yet his general condition permitted him to work off and on, but he always felt sick. In November, 1903, was unable to work at all and grew steadily weaker; was constantly under the care of physicians and finally sent home from a hospital to die of consumption. Was seen by me on April 24, 1904, after a long carriage drive to his home. On examination, diagnosis of empyema was made when a needle was inserted and pus withdrawn. Operation advised but deferred for a time to build up patient. May 7th, at 1:30 P. M., began spitting up large quantities of foul smelling pus. Pulse was feeble; cyanosis marked; generally sep-

*Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 28, 1910.

tic. Scalpel was inserted between 7th and 8th ribs and about three quarts of foul pus was evacuated. Two drainage tubes were inserted. These were removed in October of same year without subsequent resection of ribs. Sputum repeatedly examined was found negative. Recovery was complete with full expansion of lung.

Patient subsequently would not follow advice; worked at his trade as carpenter, and did heavy manual work. In the summer of 1906 the cough returned, and in October he coughed up fetid pus when he was sent to St. Luke's Hospital, New York City. Exploratory punctures and X-ray pictures were negative. In January, 1907, the writer found pus by puncture, operated and opened a small abscess in lung. Patient became septic and died in February, 1907 No tubercle bacilli were found.

Case II.—Mrs. M., aged 47 years, married and had 8 children. Family history negative. General health poor, distinctly neurasthenic. Second child followed by eclampsia. Had hemorrhages on two occasions. After birth of fifth child grew stout and rugged for two years. One and a half years before birth of last child (now 10 years old) had pleuro-pneumonia, followed by symptoms of pleurisy and effusion. Patient was seen and examined by me but twice in March, 1901, when on close questioning the conclusion was reached that fluid was probably present in her chest during pregnancy and subsequent lactation. On second visit needle was inserted and pus evacuated. Subsequent history: efforts were made by another physician to absorb fluid; abscess formed, which was opened by a third physician. Tube was inserted and worn by the patient ever since. Discharge still present. Husband states that she has gained greatly in flesh and strength this past year. No sputum examination made.

Case III.—F. S., age 7 years. Family history negative. January 18th, 1907, broncho pneumonia developed after carrying scuttle of coal from cellar. Complained of something snapping in chest. Normal course of disease. Convalescing well until 16th day, when a slight chill developed with rise of temperature; chest one half full of fluid by the 23rd day. Needle was inserted; pus found; operated upon on the 25th day. He made an uninterrupted recovery. Child been well and strong ever since.

Two other children were seen in whom a rib had been exsected for empyema following pneumonia, where recovery took place in six weeks time.

Also an infant 16 months old, in whom merely an incision had been made between the ribs, but the wound never healed, and the child died after nearly two years of suppuration.

As in all cases, the early diagnosis of the pathological condition insures a speedier recovery, so is it with empyema. In infants and young children small effusions may be difficult to detect; the daily precise physical examination will speedily elucidate the problem, however, and to distinguish the character of the fluid, resort to the needle has cleared up the matter without a single untoward result. Seldom does one find the line of demarcation between compressed lung and fluid as distinct and abrupt as in adults. Inspection may show impaired expansion to a greater or less degree; also a misplaced heart pulsation.

Percussion varies from absolute flatness to dulness or tympanitic dulness, the last in thin-walled children, or at the level of fluid. The tactile sense of resistance felt by percussing is very characteristic. In small effusions an irregular outline at the level of the fluid is to be noted from the vertebral column—like "the letter S curve." Palpation in youths and adults usually shows an absence of vocal fremitus; in children and infants it is of less value.

The classical picture of œgophony—bronchial voice and sharply defined loss of voice and breath sounds—is often seen in adults, but seldom in children and very rarely in infants. One must always bear in mind that variations are the rule, not the exception; never forgetting that in infants and thin-walled children voice and breath sounds may be heard well below the level of the fluid.

The radiographic picture will give positive knowledge of the presence of fluid, and the aspirating needle will differentiate its character.

The oft-taught old truism—evacuate pus whenever and wherever found—is certainly the only treatment for empyema. A few cases of children recover occasionally by aspiration, which should not be repeated more than once. Delay is always attended with the possibility of a general sepsis, and the postponed operation not alone increases the chances of a more chronic suppuration, but materially diminishes the chances of the compressed lung thoroughly expanding.

The operation in all acute conditions and

most all chronic ones should be immediate exsection of one or more ribs. Simple incision through an intercostal space does not permit of the proper drainage of such a large cavity as the pleural, even where the space is very large. It has always been a matter of regret that the writer did not resect a rib in Case I.

In chronic tubercular cases there is a wide difference of opinion as to the wisdom of the radical operation, because after operation a semi-quiescent process sometimes becomes very active, and the patient develops a general acute and rapid pulmonary tuberculosis. This being the case does not, however, justify anyone in leaving pus in the chest; its presence adds another toxaemia to the tubercular condition and at any time the symptoms of a general sepsis may supervene—in the writer's mind this danger outweighs the occasionally unhappy result reported. The removal of a part of the effusion by one, or at most two aspirations, without too great delay before exsection of ribs, may occasionally be worthy of consideration, but in general it is bad surgery. Should prolonged suppuration exist for months or years after the radical operation has been made, as in Case II, the injection of bismuth paste, as first carried out by Beck, should be resorted to; this does not seem to be wholly free from danger, since fatal cases of poisoning are reported. The writer has had no experience in this treatment, and hopes in the discussion to hear from others who have.

What the future of serum therapy, autogonous or heterogonous, may bring forth is at present unknown. Injections of serum may, in our pneumonia cases, establish an immunity against the production of empyema, or may shorten the course of the disease following operation, or in old chronic suppurative cases may greatly improve our results.

The dawn of serum therapy is most promising and indicative of a bright future; the results which Koch, Pasteur, Von Behring and Flexner have accomplished in medicine may be duplicated in surgery sooner than one anticipates.

DISCUSSION.

DR. FRANK D. GRAY, Jersey City, opened the discussion of Dr. Hance's paper. He said that the subject of the paper was one of immense practical importance, and that its handling had also been practical. Most of the members of the society had, he said, seen cases of empyema—and often to their regret. The frequent results of the routine treatment of this condition constitute what might fairly be called the opprobria of surgery; as so many of them go on to the formation of old sinuses, persistent suppuration, sepsis, amyloid degeneration of the kidney, and even death. There are three reasons for this: Imperfect diagnosis, delay and some form of deficient treatment.

Many cases of compressed and eventually disabled lung might have been prevented by sufficiently early operation and prompt treatment. The diagnosis of empyema ought to be easy, but there are a few points that are sometimes difficult or misleading. The textbooks lead one to suppose that in most cases there is an absence of respiratory sounds; and that if any are present, they are distant or obscure. Most physicians, however, can recall cases in which the impression received was of consolidated lung with bronchial breathing, especially in cases in which the lung is badly compressed and the chest is filled with fluid. Again, physicians are given to thinking that the use of the hypodermic needle is a last resort in the proof of the condition; yet cases show the fallacy of this belief on certain occasions. In one instance in Dr. Gray's experience, the mistake was due to an improper interpretation of the findings. It was one of general peritonitis, presenting the appearance of a complicating effusion in the chest on the right side. The syringe drew some pus, and Dr. Gray did a thoracotomy and found a clean pleura. The needle had penetrated the diaphragm and had drawn pus from the peritoneal cavity. This shows that one cannot always depend upon diagnosis by means of the hypodermic needle. In a second case, the needle drew a syringeful of pus from the sixth interspace on the left side. A few hours later an attempt at aspiration was made and no fluid found.

This illustrates the remark that not all cases of empyema are secondary to a pulmonary condition, such as pneumonia. In this case, it was due to severe burns. The attempt at aspirating was a failure, though the aspirator was in good working order, and the needle sufficiently large. It was introduced into several spots in the vicinity, and absolutely no fluid produced. While there had been bulging and flatness a few hours before, there was at the time of aspiration a regular outline of the side and resonance. There had been fluid present, but it had disappeared somewhere; and although it was never seen to pass as pus from the bowel, yet it must have discharged into the intestines.

Dr. Gray had been much interested in two probable improvements in the routine treatment of empyema; in other words, in the open operation. One of these was more strictly speaking an improvement on this, and the other constituted an improvement in the results. The latter was the use of bismuth paste, which Dr. Gray thought would help the physician in many of these opprobrious cases. The former was a treatment proposed by Dr. John B. Murphy, of Chicago, that would probably obviate the necessity for an open operation—either rib-resection or thoracotomy. It consisted in the injection of two ounces of a two per cent. solution of formalin in glycerin, the theory being that this sterilizes the pleural fluid and eventually leads to its absorption. Dr. Murphy admitted that reaspiration and reinjection may be necessary in some cases, but his experience had convinced him of the efficacy of this treatment. Dr. Gray then said that while rib-resection and

thoracotomy are not serious operations, they convert a case almost certainly into more or less purulent septic condition. The entrance of air and the prolonged drainage are often disastrous. If a thoracotomy must be done, an improvement on the old rubber-tube drainage might be employed. These tubes are easily compressed between the ribs or between the expanding lung and the chest wall; but there has recently been devised a short metal tube, made in a nest of sizes, which simply goes through the chest-wall. It has flanges, to prevent its slipping into the wound; and it affords a drain for as long a time as necessary. It cannot be compressed, and may be used through a more or less wide interspace.

Dr. Henry L. Coit, Newark, remarked that Dr. Gray, a surgeon, had advocated conservative treatment of a surgical disease; while he himself, a physician, intended to advocate radical treatment of the same disease. He said that when there is pus in the pleural cavity, it ought to be removed as soon as evidence of its presence is obtained; and he believed that generally it was best to make an opening large enough for the escape of the pus. He stated that this idea was in line with Dr. Deaver's principles in regard to reverse the order of occurrence of the physician, the surgeon, and the undertaker in surgical cases; thus the undertaker would be eliminated, and the order would be, the surgeon, the physician, and no undertaker.

Dr. Coit then referred to two of his cases that illustrated what he meant. Both were sequelæ of influenza—one in a child of ten years, and the other in one of seven months. The clinical course in these two cases, however, was very different. The first had an influenzal bronchitis of two weeks' duration, with a typical course. Before defervescence, there had been no thought of empyema; but at the end of ten days, when the temperature had dropped to 99 degrees, never rising above that point, by rectal determination, Dr. Coit was impressed with the belief that he had empyema. There was no embarrassment of respiration, but flatness on percussion. There was no intercostal bulging, but this boy of ten years was the source of much anxiety and concern. Dr. Coit could not make out, with no temperature, and no trouble so far as respiration was concerned, what was the cause of this flatness on percussion. He called a surgeon, who said it was not pus, but because of bronchial breathing under the flatness, he considered the condition a pneumonia, but Dr. Coit did not agree with him. The surgeon then advised waiting a day or two. Dr. Coit sent for him again and asked him to aspirate. He did so, and withdrew pure pus. The next morning he made an incision, and more than a quart of pus was removed. A segment of rib was resected, good drainage established, and the child recovered. The pus was examined for tubercle bacilli, but none were found.

The other child had broncho-pneumonia lasting three weeks, with cessation of symptoms. It was a well-defined case in a child of seven months. There was a very good nurse, who inspected the baby's chest once or twice a day; and she called Dr. Coit's attention to the fact that there was intercostal bulging. Dr. Coit sent for a surgeon, who aspirated and found pus. The child also had a high temperature, up to 106 degrees. A rib-resection was done; and at the end of seven weeks, there was complete recovery. During the entire period of its illness, the child continued to gain in weight, because it was carefully fed. Dr. Coit wished to emphasize the fact that empyema is a surgical disease, and that in many cases it is better that a segment of a rib should be removed and good drainage established.

Dr. Hance, closing the discussion, said that failures are sometimes worthy of note. When he went into the Children's Hospital as interne in 1885, a sad mistake was made in deciding that a child had a cavity at the apex and was dying of tuberculosis; subsequently, at autopsy, it was found that there was a large quantity of pus in the chest.

In regard to Dr. Murphy's suggestion and what Dr. Gray had said concerning the septic condition, Dr. Hance wished to differ with him, thinking that the septic condition would be more likely to supervene if the pus were left in than if drainage is instituted—unless the pus is sterile.

THE EARLY RECOGNITION AND DIAGNOSIS OF ORGANIC DISEASE OF THE NERVOUS SYSTEM.*

By William M. Leszynsky, M. D., New York City.

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Many physicians look upon neurology as a veritable *terra incognita,* and I have frequently been told confidentially, that the subject is too complex for the average practitioner to understand, an over-modest admission, to say the least. This self-deception may in part account for the hacknied expression, that "the neurologist makes the diagnosis of organic disease, but cannot cure the patient." The absurdity and inconsistency of this invidious distinction is quite apparent, for the same applies with equal force to other organic affections, such as interstitial nephritis, hepatic cirrhosis, etc. As a logical outcome of this attitude of skepticism and lack of perspicacity, the average physician is more or less unprepared to make even a provisional neurological diagnosis. Under such circumstances, is it surprising that organic disease is recognized only when it is well advanced?

The fundamental principles of neurology are not so difficult to acquire. They consist in a preliminary working knowledge of the general anatomy and physiology of the nervous system, a familiarity with mod-

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ern clinical methods of examination, and the habit of accurate observation. The primary cause of many avoidable errors in diagnosis, is the neglect of the large majority of general practitioners to avail themselves of the advantages of these essential requirements.

Hence, the unfortunate and prevailing tendency to carelessly ascribe many apparently obscure symptoms to hysteria or neurasthenia, while organic disease is unmistakable. Before making a diagnosis of hysteria, it should be an invariable rule to endeavor to exclude the presence of organic disease of the nervous system. Sometimes, the diagnostic difficulties are increased by the co-existence of hysteria and organic nervous disease in the same patient, the hysterical or emotional manifestations being so prominent as to be very misleading. It should also be borne in mind, that excessive irritability of the nervous system is often the forerunner of the early stage of general paresis, or some developing psychosis, and that a positive diagnosis of neurasthenia can seldom be made from a single examination. It generally requires further observation, in order to exclude other diseases. A classical case of tabes dorsalis, paralysis agitans, spastic spinal paralysis, myelitis, progressive muscular atrophy, or general paresis is quickly identified. What we are all striving for, however, is to make the diagnosis at the earliest possible moment before the disease is fully established. The therapeutic value of an early diagnosis is obvious. The recognition of organic disease of the nervous system in its incipiency, is an opportunity and a privilege that the general practitioner has failed to cultivate. Remember, that among the earliest symptoms that serve to detect paralysis agitans, are passive rythmic tremor confined to one thumb, or one great toe, or slight general muscular rigidity with slowness in all voluntary movements. It is not necessary to await the complete picture.

It has been wisely said by Da Costa that "the first requirement for an accurate diagnosis is to learn to recognize morbid signs. But the art of observation this implies is not easy, and cannot be thoroughly acquired except by practice. No one aspiring to become a skillful observer, can trust exclusively to the light reflected from the writings of others; he must carry the torch in his own hands, and himself look into every recess."

It is a self-evident proposition, that an examination limited to the nervous system is incomplete and inadequate. This should always be preceded or supplemented by a general physical examination, for many symptoms referable to the nervous system may be secondary to disturbance of the gastro-intestinal tract, or result from disease in other organs. Above all, chronic nephritis must be considered. On the other hand, obtrusive symptoms confined to a single organ may be otherwise inexplicable to the specialist, until some underlying organic nervous disease is discovered.

Neurology is so closely associated with internal medicine, that, at times, it is quite impossible to draw the dividing line. Endarteritis and arteriosclerosis play a very important role in the genesis of organic disease of the nervous system. Narrowing, occlusion or rupture of small arteries in the brain or cord is a common exciting cause. Investigation of the condition of the vascular apparatus, measurement of the blood-pressure, etc., are essential, and will often lead to the means for delaying or preventing cerebral apoplexy.

In obtaining the patient's history, many significant facts may be either forgotten by him, or dismissed as being too trivial to mention. It is always necessary to inquire as to occupation, personal habits, mental or physical overwork, traumatism, psychic shock, onanism or sexual excesses, the use of alcohol, tea, coffee, tobacco or drugs, recent infectious disease, and syphilis. A searching, but tactful line of questioning often leads to discoveries relating to apparently obscure etiology.

Not long ago, I was asked to examine a young woman, illustrating a typical case of alcoholic multiple neuritis. It was positively asserted that she was a total abstainer from all alcoholic beverages, including patent medicines. Upon further questioning, it was soon learned, that owing to daily colicky pains, for several months she had been taking essence of peppermint in tablespoonful doses, every three or four hours.

In order to confine my remarks within the conventional time, I have selected for special consideration and analysis, two of the more familiar forms of organic disease of the nervous system, which usually develop slowly and insidiously, and are of universal interest. On account of the diversification of the symptomatology, and their prolonged course, they have always appealed to me as ideal models for the elucidation and demonstration of essential diagnostic principles. Besides, they have proved a perpetual

source of more serious, and may I say, reprehensible errors, than all of the other organic nervous diseases combined. These are tabes dorsalis and intracranial tumor.

The practitioner should always be on the alert for evidence of tabes dorsalis, as it is the most common chronic organic disease of the nervous system. Nevertheless, its non-recognition is more frequent than its diagnosis. The first intimation of the presence of tabes, may be some vesical or rectal disturbance, or the occurrence of visceral crises, or the rapid development of an ataxic gait, after an exhaustive walk. The characteristic pains are not limited to the legs, as is commonly supposed, but may affect any part of the body, and persist at intervals for months or years before any other subjective symptoms arise, the patient's own diagnosis of rheumatism or neuralgia being accepted.

It is an ordinary experience for these patients to be subjected to prolonged and futile treatment for attacks of rectal pain, sexual impotence, supposed urethral stricture, gastric crises, ocular palsies or failing vision, the true nature of the underlying cause remaining unrecognized. As ataxia is often absent, particularly in the early stage of the disease, the generic term "locomotor ataxia" has been practically abandoned. But, owing to the prevalent traditional notion that incoordination in standing and walking is the pathognomonic symptom in all cases, its absence has often misled the physician into hastily excluding the disease without further investigation. It is also interesting to note, that tabetic optic atrophy is as a rule, unaccompanied by incoordination of the extremities. In the very early stage of tabes, the knee-jerk or foot-jerk, or the pupillary light reflex may be feeble or abolished on one or both sides. As you all know, the loss of the knee-jerk and the lost reaction of the pupils are among the characteristic and important objective signs. However, only a few of the above mentioned cardinal symptoms may be present, yet they may prove sufficient for a correct diagnosis.

To the casual or ordinary observer it would seem that testing for the knee-jerk and reaction of the pupils is a simple matter and requires no special training. But this is not the case. A methodical plan is necessary in order to avoid erroneous deductions. Many years of observation and association with physicians has impressed me with the fact that these examinations are often either inaccurately or carelessly performed. Should a response not take place at once, do not hastily conclude that the knee-jerk is absent, for it may be unconsciously inhibited through the patient's attention to the manipulations of the examiner. To overcome this obstruction, instruct the patient to close his eyes and further divert his attention by a series of questions. He is then told to take a full inspiration, or to grasp the disengaged arm of the examiner, or to elevate both arms, or to make a sudden effort to pull apart his interlocked fingers (Jendrassik). At the same moment, the tap is made over the patella tendon. In all doubtful cases the clothing should be removed. If, under these conditions, the knee-jerk cannot be obtained, one may safely conclude that it is absent.

The examination of the pupils is not difficult, but requires close scrutiny and some practice. The patient is instructed to persistently look from a window at some large object at least twenty feet distant. The eyes are then covered and each tested separately. Daylight is preferable, but the pupils may be satisfactorily examined in a dark room by oblique illumination. The absence of contraction of the pupils upon sudden exposure to light, when vision is preserved, is always pathological.

It must always be remembered, that, normally, the pupils also contract in attempts at convergence, and in accommodation for near objects.

The commonest source of error is in assuming that the pupils are reacting to light, when they are contracting as a result of looking at some object near by, such as a gas-flame or lighted match so often improperly employed, or at the examiner himself. Thus, on the one hand is the danger of the erroneous assumption that the knee-jerk is abolished, and on the other, that the pupillary reaction to light is preserved.

Tabes may begin in the upper portion of the cord (cervical tabes) producing an atypical form of the disease with the knee-jerks intact for a long time.

Tremor in the facial and lingual muscles, tremulous and hesitating speech, inequality of the pupils; slowness or loss of reaction to light; and impairment of judgment and memory for recent events, with a history of syphilis, or its conclusive demonstration through somatic manifestations or laboratory tests, should lead to the diagnosis of the early stage of general paresis. Tabes may be associated with this condition, and it is then known as tabo-paresis. Delay is

dangerous, for many of these patients can be practically cured by suitable treatment if the disease is recognized early. Tabes and general paresis are to-day classified as metasyphilitic affections, and it would be a sound rule to examine all patients who have had syphilis, at least every six months for signs of organic nervous disease.

In this connection, it is important to recall, that cases of organic disease of the nervous system frequently arise in which syphilis is positively denied, and no cutaneous or other signs discovered, but, from the suspicious or obscure character of the symptoms, it is important to determine, if possible, whether the disease has developed on a syphilitic basis. Hitherto, the etiological diagnosis has been undertaken by the so-called therapeutic test (*i. e.*, if the manifestations subside under the use of mercury and iodide of potash, syphilis must be present).

Although this plan has proven of great service in many instances, as a rule, it is unreliable, for it has long been a well known clinical fact, that other pathological processes react favorably, if not so rapidly, to the use of anti-syphilitic remedies. To-day we are more scientific, but are too rapidly accustoming ourselves to depend on modern sero-diagnostic methods in the solution of this old problem. The Wasserman hemolysis test is just now very popular, being enthusiastically adopted as a standard. A positive Wasserman reaction is in the majority of cases assumed to be indicative or presumptive of a pre-existing or active syphilis, but we must be cautious in depending upon it exclusively, as it is by no means an infallible test. A negative Wasserman reaction no more excludes syphilis, than the absence of tubercle bacilli in the sputum excludes pulmonary tuberculosis. The elaborate and complicated technique necessary, is not at all adapted to general usage. Furthermore, there are comparatively few laboratory workers whose report can be safely accepted as absolutely reliable. The presence of an excess of lymphocytes in the cerebrospinal fluid, and the Noguchi globulin reaction are extremely valuable. Their demonstration in conjunction with a positive Wasserman reaction in the blood and cerebrospinal fluid, is, according to the recent observations of Nonne and others, conclusive evidence of the presence of syphilis.

Lumbar puncture is inapplicable in ambulatory patients. It is often inexpedient, and should not be practiced without judicious discrimination. Innumerable physicians think it is a serious or dangerous procedure. And so it is, in the hands of inexperienced or careless men. Among the hundreds of punctures that I have made, I have never witnessed any bad results. For diagnostic purposes, it is unnecessary to withdraw more than five or six cubic centimetres of fluid, and the patient should invariably remain in bed in the horizontal position for twenty-four to thirty-six hours. As a diagnostic aid in cases of suspected meningitis or traumatic subdural hemorrhage it is invaluable.

The early diagnosis of brain tumor is extremely important. If the tumor be small, localizable and accessible, there is greater prospect of its successful removal. Or, if inoperable or non-localizable, the intracranial pressure may be relieved by a decompression operation, thus ameliorating suffering, avoiding permanent blindness, and indefinitely prolonging life. More careful attention should be given to patients complaining of intense and persistent headache and vomiting, for these are usually among the initial symptoms of brain tumor. Failure to realize the true nature of the vomiting, has often led to repeated gastric lavage, and in one case (subsequently under my observation) the patient had been subjected to an exploratory laparotomy. Headache is the most frequent, and optic neuritis is the most important general symptom. It is a serious mistake to procrastinate in regard to an ophthalmoscopic examination, on the ground that there is no impairment of vision, for normal vision may be preserved with a high degree of choked disks. The presence of optic neuritis is indicative of an intracranial lesion, and at once eliminates the functional type of headache associated with migraine, hysteria, neurasthenia and hypochondriasis. Indeed, attacks of unilateral headache accompanied by vomiting and simulating migraine may antedate other manifestations. Epileptic convulsions occurring for the first time after the thirtieth year, (in the absence of nephritis) should always lead to examination for evidence of intracranial neoplasm, for, epileptic attacks may precede all other symptoms for several years. Convulsive seizures limited to one side of the face or one extremity, without loss of consciousness, are too often ascribed to hysteria, but in the majority of instances are either of uremic origin, or the result of organic cerebral disease.

Transient attacks of blindness or failing vision often leads these patients to consult an ophthalmologist. Choked disks are then discovered, and it has been through this indirect channel that many cases have come under my observation. Although optic neuritis does not appear in every case of brain tumor in its early stage, it does occur sooner or later in from 80 to 90 per cent. In rare instances it may be absent throughout the entire course of the disease. The danger of optic neuritis is its termination in optic atrophy and complete blindness. In suspected cases of all forms of intracranial disease, such as brain tumor, abscess or meningitis, the eyegrounds should be examined frequently.

A young man with severe headache, vomiting, vertigo and diplopia from paralysis of the left external rectus was examined by an experienced ophthalmologist who found both optic nerves and retinæ normal. As some cerebral disease was suspected, I saw him one week later and found choked disks of five dioptres elevation with numerous retinal hemorrhages. The condition was due to syphilitic basal meningitis, from which he ultimately made a complete and permanent recovery. In another case of otitic temporo-sphenoidal abscess, optic neuritis developed within two days after the optic disks were pronounced normal. A knowledge of such facts should also lead to the repression of any unjust reflection upon the negative findings of a previous examiner.

Among other phenomena of brain tumor are paresis or paralysis of the face or extremities, hemianopsia, reversal or interlacing of the color-fields, ocular palsies, various forms of aphasia, and involvement of the special senses. Such signs must be sought for assiduously, and when discovered, subjected to careful analysis and interpretation.

The pathological type of the plantar reflex known as the "Babinski plantar response," is often of great diagnostic value. It is exemplified chiefly in slow dorsal flexion of the great toe upon stroking the outer side of the plantar surface of the foot. The same reaction may at times be obtained by stroking the leg downward along its inner surface (Oppenheim), or upon deep lateral pressure over the calf muscles (Gordon). Its presence indicates interference with the function of the motor paths within the brain or cord, and is especially significant when unilateral.

In the comatose stage of cerebral apoplexy, when it is impossible to demonstrate a hemiplegia, the presence of the Babinski response on one side, will at once point to the cerebral hemisphere in which the hemorrhage has taken place.

Let me again direct your attention to the necessity of invariably excluding chronic nephritis before making a positive diagnosis of brain tumor, inasmuch as in either affection the symptom-complex may consist in headache, vomiting, vertigo, somnolence, optic neuritis, unilateral convulsions without loss of consciousness, monoplegia or hemiplegia.

It is unnecessary for me to state that proper analysis of the urine and a study of the condition of the heart and vascular system are the principal means of avoiding an erroneous diagnosis. Yet, this is one of the common pitfalls of the careless observer. When these symptoms occur in a young person, however, the chances are all in favor of brain tumor.

The presence of optic neuritis with diminishing vision, headache and vomiting, with hemiparesis, was recently mistaken for a brain tumor, and the patient subjected to surgical exploration. It was discovered later that the hemiparesis was the result of thrombotic cerebral softening, and that the other symptoms were also due to chronic nephritis.

In this connection it is appropriate to mention that the timely diagnosis and accurate localization of spinal cord tumor, combined with the brilliant and successful results of surgery, is one of the great achievements of modern medicine. Persistent and severe unilateral or especially bilateral intercostal neuralgia, otherwise inexplicable, should lead to the suspicion of a developing spinal cord tumor. The pain may occur at long intervals or become continuous. The thoracic posterior roots are most frequently involved. When the growth is in the cervical region, the pain affects the upper extremities. It has been known to last for many months or years before other symptoms are manifested. When the posterior roots become compressed anesthetic zones develop in the corresponding areas. Pressure on the anterior roots produces circumscribed muscular paresis or paralysis. Ultimately, the cord itself undergoes compression, resulting in spasticity, exaggerated reflexes and paraplegia. The diagnosis is often attended with difficulties, and repeated examinations are necessary.

In searching for signs of organic disease of the nervous system, a study of cutaneous

sensibility should never be omitted, as it is often the means of disclosing useful information. It requires time, close attention and patience. The simplest methods are the best. All forms of sensibility must be tested, *i. e.*, tactile, pain and temperature. The character, extent and location of the sensory disturbance should be accurately charted. Areas of analgesia and delayed conduction distributed over the legs are frequently found in tabetics. In syringomyelia, in addition to muscular atrophy, the tactile sensibility is usually preserved, while that for pain and temperature is abolished. In segmental lesions of the cord in which special nerve roots are involved, the disturbance of sensibility is in zones over the long axis of the limbs; while in peripheral nerve lesions, it is directly in the distribution of the affected nerve.

In the mapping out of objective sensory disturbance for the purpose of accurate localization, special neurological training is indispensable.

In thus attempting to elucidate some of the more prominent and instructive features in accord with the title of this paper, reference to other diseases of slow development, such as multiple sclerosis, syringomyelia, disseminated myelitis, pachymeningitis, and myasthenia gravis, has necessarily been omitted. The advantages of the early diagnosis of organic disease of the nervous system from both a medical and sociological standpoint cannot be overestimated. For instance, the disastrous consequences of the failure to recognize the presence of a brain tumor are at times deplorable. To burden you with the recital of illustrative cases in confirmation of these facts would be superfluous.

In conclusion, let me thank you for your attention, and for the privilege of addressing you on a subject that should incite the interest of every practicing physician.

145 West 77th street.

Nitrous Oxide-Oxygen vs. Ether.—The natural immunity of the patient is little, if at all, impaired by nitrous oxide-oxygen anesthesia, as contrasted with a distinct impairment under ether anesthesia. Likewise there is less surgical shock under nitrous oxide-oxygen than under ether anesthesia. In patients handicapped by infection or by a previous impairment of the central nervous system, nitrous oxide permits a safer operation than does ether. The advantage of nitrous oxide over ether is greater when the handicap is in the central nervous system than when such handicap is in the heart. —George W. Crile, in the Wisconsin Medical Journal.

PREVENTABLE INFANTILE DIARRHŒA.*

By T. W. Bebout, M. D.,
Stirling, N. J.

In presenting a paper on this subject, it is not with the idea of having discovered anything new or unusual, but rather with the hope that we may all learn at least something in the discussion that I trust will follow.

In New Jersey, in the year 1906, according to the report of the State Board of Health issued in 1907, there were 2,397 deaths reported from infantile diarrhœa, or 532 more than was caused by typhoid fever, measles, scarlet fever, whooping cough, diphtheria and croup combined. Only two other diseases, namely, consumption and pneumonia, respectively, show a greater number of deaths each. When we consider that some of the 482 deaths reported as having been caused by convulsions of infants possibly had their origin in infantile diarrhœa, the total number would be materially increased. In view of these figures and your own experience, I think you will agree with me that we have no more important subject in the practice of medicine and none in which a greater responsibility rests on the physician in educating his patients as to the methods for its prevention. But when people of average intelligence and education tell you that they always supposed all children must some time or other have these diarrhœas, I realize that "it is easier for a camel to pass through the eye of a needle," than for any physician to impress on the minds of some people the importance of giving any time or special attention to the proper preparation of food intended for their children.

Formerly the principal causes given for infantile diarrhœas were heat, humidity and bad food. At the present time we attribute them to bacteria.

The first work of any importance in the bacteriology of summer diarrhœa was done by Booker, but his work did not differentiate the bacteria that caused the severe epidemics of hot weather. In 1897 a Japanese by the name of Shiga discovered a bacillus in an epidemic of dysentery in Tokio, which bacillus now bears his name. Shortly afterward Flexner discovered a bacillus closely related to that of Shiga. In 1902 Duval and Bassett detected dysentery

*Read before the Morris County Medical Society, June 14, 1910.

bacilli in the stools of 42 out of 53 infants suffering from diarrhœal diseases occurring in Baltimore, which cases did not show symptoms different from those usual to diarrhœa common in summer. These bacilli were probably of the so-called Flexner type, which is most commonly observed in summer diarrhœa in America, either with or without the presence of bloody stools. Bacilli of both the Shiga and Flexner types have been found together in the same case.

Bacteriological findings seem to lead to the opinion that a vast majority of cases are caused by a mixed infection, one or more of the dysentery groups plus streptococci. Not all cases of summer diarrhœa are dysenteric in the sense that this word was formerly used, namely, bloody, mucus stools with tenesmus due to ulceration and hemorrhage from the lower bowel. From the reports of work done by bacteriologists along this line it can be readily seen that there is much yet to be learned regarding the bacteriological side of the case.

We know, or we have a right to presume, that, inasmuch as the bacilli of diphtheria vary in virulence, so do also the bacteria of infectious diarrhœas vary in intensity of action in different subjects.

I have included under the head of preventable infantile diarrhœa all diarrhœas of infants and children, as so-called cholera infantum, dysentery, entero-colitis, etc., and excluded only those cases that are caused by purely mechanical means, as acute intestinal indigestion, particles of undigested food, foreign bodies, etc., and which are not accompanied by symptoms of toxemia. It is no doubt true that a large number of infectious diarrhœas have their beginning in neglected cases of a simple mechanical diarrhœa, the resulting inflammation of the mucosa of the intestinal tract offering an ideal point of attack for bacteria, with a resulting infection and the continuance of the case as an infectious diarrhœa.

I believe that until it is definitely settled beyond a shadow of a doubt, what germ or germs are responsible for the disease, and a serum is made for its cure, if such is possible, it makes no difference to us, so far as the management of the case is concerned, what the name or names of the bacteria causing it may be, so long as we bear in mind that it is an infectious disease, and that the infection may be spread by the discharges, and that the nervous, circulatory and febrile symptoms of a given case are caused, not only by the local inflammatory conditions, but by the absorption of toxins as well.

Just what position the ordinary bacteria of putrefaction and fermentation should be assigned as a causative factor in the production of infantile diarrhœa, I am not prepared to state, as a result of bacteriological findings, but my opinion is that in the absence of positive knowledge to the contrary, that position is a prominent one.

The only digestive secretion which is known to have any decided germicidal effect is the gastric juice. A healthy child, with a normal amount of gastric juice, may be able to ingest large quantities of these bacteria and escape the disease, but if this secretion be impaired there is at least the possibility that the living germ will pass on to the intestine, will there multiply, and will, if it be capable of so doing, elaborate a chemical poison which may be absorbed.

The mode of infection in the vast majority of cases is by the common house fly through milk and other foods, toys, etc., and by direct infection by the fly. Flies seem to have an affinity for filth and babies, and you have all no doubt seen babies playing on the floor put dead flies into their mouths, which flies may a short time before have come from a meal at some neighboring toilet. In a paper read before the New Jersey State Sanitary Association at Lakewood in December last, Dr. Jackson, of New York, gave the results of some experimental work carried on in that city in regard to the fly as a carrier of typhoid fever. He gave positive proof that several epidemics had been started by flies. If flies carry typhoid infection, why not the infection of infantile diarrhœa or any other disease of like character? Statistics show us that the greater number of cases occur during the months of July, August and September, during which months flies are most numerous.

Elie Metchnikoff, to prove that infantile diarrhœa is due to bacterial infection, injected rabbits and monkeys with the infectious material from a case of cholera infantum. They were fed on the same articles of food which they had eaten before, and the resulting diarrhœa must have been from the infection. It was the Gram-negative organisms that were found in these stools. The bacillus proteus was the most frequent, both in the blood and in the stools. This bacillus is rarely found in cow's milk, but is present in the feces of most animals, the upper layer of meats and cheese and most vegetables and fruits. Con-

sequently flies are supposed to be the chief factor in distributing this bacillus, which is well tolerated by adults, but causes diarrhœa in infants.

Dr. Jackson says that, "Regarded in the light of recent knowledge, the fly is more dangerous than the tiger or the cobra. Worse than that, he is, at least in our climate, much more to be feared than the mosquito, and may easily be classed the world over as the most dangerous animal on earth."

The great breeding places of the house fly is horse manure. It will thrive in other sorts of decaying animal and vegetable matter and human excreta, but its partiality for the stable refuse is so great that the vast proportion of its offspring may be considered as originating in that substance. One fly lays about 120 eggs at a time, and will lay this number about a score of times during a season. A new brood of flies will produce another brood in three weeks. Flies come into the world full size. It is calculated that a single fly will produce a progeny amounting to sextillions in one season. This does not take into consideration accidents which operate greatly to reduce the supply.

Flies not only carry bacteria within their bodies, but also upon their bodies, legs and wings. It has been found that the number of bacteria on a single fly may range from 550 to 6,600,000. In regard to the number of bacteria deposited by a fly in its intestinal canal, it would seem to me to be not easily determined, but by careful and painstaking observations made by Dr. Cobb, five minutes rarely elapses during which an individual fly does not make at least one speck. Each speck, as a matter of course, is a colony of germs.

Professor Irving Fisher, of Yale, states that two years and four months might be added to man's allotted days if all the preventable cases of diarrhœa were eliminated, and that the average span of human life might be lengthened two years if the house-fly menace were eliminated. Governor Hughes has pointed out that our most valuable national resource is our children, but thousands of our little ones are lost each year through the instrumentality of the fly.

A recent report issued by the Board of Health of the city of New York, states that 7,000 children die during the hot months of each year in that city, from intestinal complaints, and that the mortality from such causes would be reduced to 2,000, at most, if proper precautions were taken to prevent the breeding of flies. Taking this as a basis, it has been estimated that at least 75,000 children are destroyed by the house-fly through intestinal troubles in the United States annually.

The inflammatory changes in this disease, during some stage of its course, may occur anywhere along the digestive tract, from the mouth to the anus, although the stomatitis so often seen in severe cases is not due to a direct infection by the dysentery bacillus. The greatest amount of inflammatory change is generally found in the colon, ileum and rectum in the order named. In any or all of these locations ulcers may be found, either singly or in groups. Smith reports having found ulcers in the stomach in a few cases. The frequent absence of any pathognomonic symptom or sign by which to determine the exact seat of intestinal inflammation in the infant is admitted by most authors.

I believe that the prognosis in all cases of infectious diarrhœa should be guarded. A seemingly mild case may suddenly develop alarming symptoms and result fatally. We have all been pleased to see what we had considered hopeless cases get well and no doubt we have also been chagrined to see cases that we had not considered very ill slip through our hands.

The two constant symptoms of this disease are diarrhœa and fever. The onset may be sudden, with vomiting and violent purging, or it may come on slowly with a gradually increasing diarrhœa accompanied by slight fever according to the virulence or quantity of the poison ingested, or, as before stated, it may follow a simple mechanical diarrhœa. The temperature may range from 100 or less to 107 degrees by rectum. The tongue at first is moist and is usually coated with a whitish or grayish white coat. In the more advanced stage it is usually dry. The child is irritable, whining or crying in its sleep. The pulse may be anywhere up to 140 or more and in severe cases correspondingly weak. In severe cases, with very frequent stools, the loss of flesh is very great. The color of the stools may be at first yellow or brown, changing later to green or greenish yellow, and always contain more or less mucus. The mucus may be intimately mixed through the stool, and not be visible except on careful examination. The stools may also contain large quantities of mucus and blood or be entirely mucus and blood, accompanied with tenesmus. The green color is supposed by some to be due to decomposed

bile. I believe it is due mostly to decomposed mucus.

The abdomen in the earlier stages may be slightly distended and soft, but as the diarrhœa continues it becomes retracted. From the frequent irritating discharge from the bowels, the entire buttocks and often the greater part of the posterior surfaces of the thighs are covered with an erythema. Enlargement of the lymphatics of the groin, throat or neck are not infrequent. Various forms of irregular skin eruptions are often seen and boils are a common complication. Stomatitis is a very frequent and annoying accompaniment.

The lowering of the vitality makes the child liable to attacks of pneumonia, broncho-pneumonia or bronchitis. Nephritis not infrequently appears. I believe the kidneys in this disease do not receive the attention they should and that a certain number of unaccountable deaths are due to this cause.

Convulsions are quite frequent and add to the gravity of the case. They are due in the majority of the cases to the action of toxins on the nerve centres.

My most important guide as to treatment and prognosis is the difference between the surface temperature taken in the groin and the rectal temperature. I have seen casual mention of this difference in one or two text books, but to my mind it does not receive the prominence it deserves. I have frequently seen a difference of from two and one-half to six degrees. This means, of course, an impaired circulatory apparatus and corresponding depression. I have noticed this in about 50 per cent. of severe cases and in some apparently mild ones. I should like to repeat that of all symptoms, this, in my opinion, is most important to be aware of. I take both temperatures in every case of infantile diarrhœa, and have the nurse or mother do so in my absence, and report to me whenever there is a difference of three degrees or more, and I believe that the knowledge of this condition in my cases has resulted in saving some lives.

The old saying that "an ounce of prevention is worth a pound of cure," is particularly applicable in this disease. The prophylactic treatment consists simply in the exercise of common sense and cleanliness, two virtues which are very often lacking in a great many people we come in contact with. Avoidance of those articles of diet unsuited to the age and condition of the child and which may cause an acute intestinal indigestion and a resulting mechanical diarrhœa, which may become an infectious diarrhœa, and the prompt treatment of all cases of simple diarrhœa, would seem to me to be common sense measures.

The sterilization, or at least the ordinary cleansing, of all toys should be done at frequent intervals. The baby's mouth should be cleansed both before and after feeding.

Flies should be excluded from the presence of the baby as much as possible. Open toilets in the vicinity of the home should be covered or screened and all garbage and refuse of whatsoever kind in the vicinity of the home should be destroyed. The disinfection of all stools and diapers in cases of diarrhœa should be practiced. In breast-fed children systematic cleansing of the nipples should not be neglected.

In view of the fact that the food of the vast majority of artificially fed children is cows' milk, the source of the supply should receive careful consideration. I believe that in the majority of cases the milk supplied to the small country villages, as produced by the small dealer, is absolutely unfit for infant feeding. In my experience the small producer who cannot or will not comply with the regulations imposed as to the production of milk, by the larger towns and cities, finds a market for his small surplus at home where no such regulations are imposed, and the result is that in many instances, artificially fed children in the country are fed on a quality of milk vastly inferior to that obtainable in the cities.

I believe that sterilization of the modified milk at a temperature of 140 degrees for from 30 to 40 minutes will give the best results, provided due care is taken to keep the milk cold until used. This temperature will not interfere in any way with the action of the several milk ferments and is just as nutritious as absolutely raw milk. The boiling of the bottles, nipples, etc., should be insisted upon.

It is an easy matter to instruct the average mother in all the steps necessary for the proper preparation of milk for her baby and she will enter upon her duties with enthusiasm, and you will leave the house feeling that you have made a faithful convert, but I will venture to say that if after two or three weeks you could enter the kitchen of those mothers unawares while they were preparing the milk, you will find that about 50 per cent. of them are abbreviating their instructions most shamefully. This abbreviation comes about gradually; at first

some process or ingredient is forgotten, and the mother discovers that after having taken that particular milk, her baby still lives, and she thinks you are a crank, and have imposed upon her a lot of unnecessary work and then she gradually drops into rules of her own.

I believe the use of old and worn nipples is responsible for a great deal of trouble. In most cases the too long use of a nipple is not due to the desire to economize but to forgetfulness or carelessness.

The serum treatment of this disease is still in an experimental stage. Shortly after Shiga's discovery the treatment of dysentery by antitoxin was undertaken. In Japan serum from horses that had been gradually immunized was used with a reduction of the death rate from 30 to 10 per cent., a decided lessening of severe symptoms and a shortening of the course of the disease. Although the results in other countries have not been so satisfactory, they may be explained in part by the fact that the antitoxin first used against the true Shiga infection does not always answer for the Flexner or Hiss type of bacillus. The bacilli of the original Shiga strain produce in cultures or in suspension a definite soluble toxin and against this an antitoxin has been obtained.

The Flexner group of bacilli does not form a soluble toxin and is not influenced by the serum. The difference in the result is thus obtained.

Recently two French observers have made a serum which they regard as curative for the Flexner as well as for the Shiga types of infection.

The dosage of these sera varies according to the severity of the disease. In mild cases it is given in from 20 to 30 c.c., and in severe and toxic cases the dose is 50 to 100 c.c.

Milk and all articles of food containing milk should be withdrawn at once. If possible give no food in the first twelve or twenty-four hours. Then barley water and alum water may be given liberally. Valentine's meat juice two or three times a day is a great help. It is usually well taken and easily prepared. As the symptoms begin to abate mutton broth or freshly expressed beef juice or both may be added. Do not return to a milk diet until the temperature is normal and the diarrhœa has ceased.

The first step in the drug treatment of this disease should be a thorough cleansing of the intestinal tract. For this purpose I believe castor oil stands at the head of the list, followed in from 12 to 24 hours by a full dose of calomel. High irrigations with normal salt solutions will help to get rid of the septic material. After having tried almost every drug or combination of drugs recommended for this disease, I have long ago returned to bismuth in large doses. I usually use the subnitrate in suspension with elixir lactated pepsin. Calomel in one-tenth grain doses every two or three hours with the above is often used.

High irrigations with a solution of 10 grains of tannic acid and three or four drams of boric acid to the quart of water at a temperature of 85 or 90 degrees, repeated every three or four hours in severe cases is beneficial. In less severe cases I usually have it done once or twice a day through the active stage of the disease. When symptoms of great depression or exhaustion occur, brandy four or five times a day is indicated. An occasional full dose of castor oil during the course of the disease will prevent accumulation of toxic matter. Where only the normal difference exists between the rectal and skin temperatures a cool bath will do good; where there is a difference of more than two degrees it will do harm. In the latter case a hot mustard bath will very often equalize the temperature in a short time. Repeat the bath whenever the temperature has a tendency to become abnormally unequal. Strychnine or nitroglycerin or both should be given when this occurs and should be continued as long as necessary. I believe the use of baths in this manner has been the means of reducing the number of convulsions and has also been the means of saving some lives.

When convalescence is established the physician should insist on having oversight of the child's diet for several weeks. The judicious use of tonics is indicated according to conditions.

The temperature of the baby should be taken, in the rectum, with a special rectal thermometer, with the same regularity as the mother's is taken during the puerperium. During the first week there is very apt to be a rise ranging from 101 to 105 degrees Fahrenheit. This rise has been variously explained. By several it is attributed to sepsis, by others to starvation. I have seen too many babies relieved of this fever by a small artificial feeding. especially when the mother's milk was slow in coming, without any therapeutic remedies, not to believe that starvation is a factor in many cases of otherwise inexplicable high temperature in the child. Associated with the fever, in these cases, are restlessness, constant drawing up of the legs, crying, hot, dry mouth and skin.—H. E. Tuley, in Archives of Pediatrics.

Reports from County Societies.

BERGEN COUNTY.

F. S. Hallett, M. D., Secretary.

The Bergen County Medical Society met at the Union League Club, Hackensack, June 14, 1910, Dr. J. W. Proctor in the chair. About 30 members were present.

Dr. Sidney Yankauer, of New York City, read an able paper on "The Cure of Chronic Middle Ear Suppurations by Obliteration of the Eustachian Tube."

The paper was discussed by Dr. W. B. Johnson, of Paterson, and several of our members. Dr. Yankauer said he would send a copy of the paper for the Journal.

The Bergen County Society will not resume its meetings until September. The past year has been a most successful one, with one or more good papers, and the meetings have been well attended.

CUMBERLAND COUNTY.

H. Garrett Miller, M. D., Secretary.

The July meeting of the Cumberland County Medical Society was held at Baker House, Tuesday. The meeting was called to order at 2 P. M., the president, Dr. Alfred Cornwell, in the chair.

Minutes of the last meeting were read and approved.

Applications for new members were received and, on motion, took their usual course.

Dr. L. W. Cornwell, of Bridgeton, chairman of special committee, appointed at the last meeting to investigate the question of fees for the medical inspectors of public schools, reported, after making investigations of the attitude of various boards of educations of many cities of the State, and recommended (if the rules as laid down by the State Board of Education are to carry out), that a flat fee of one dollar ($1) per pupil be charged by the different inspectors of the county, and that each city be divided into districts and appoint a medical inspector for each district.

On motion the report was received and filed.

A resolution was passed that the physicians of the county be united in this movement, and a petition be circulated among them to this effect.

Dr. E. S. Corson, of Bridgeton, gave a complete synopsis of the meeting of the State Society at Atlantic City, which every member of the county should have heard.

Dr. Gordon, a noted neurologist, of Philadelphia, gave a most interesting clinic on idiocy, imbecility, and feeble-mindedness. Dr. Madeline A. Hallowell, superintendent of the State Home, Vineland, furnished six patients for this clinic. After this able address, Dr. Hallowell made a few remarks upon the work of the State institution on the training of these patients, and suggested that every medical man in the county take an active interest in furthering this work.

A vote of thanks was given Dr. Gordon for his valuable lecture, also Dr. Hallowell for her kindness.

Meeting then adjourned for dinner.

After dinner the meeting was called to order, and motion was made that the October meeting be held at the City Hotel, Bridgeton. The society was pleased to have as guests Dr. Daniel Strock, of Camden; Dr. James Hunter, of Westville, and Dr. Charles Heritage, of Glassboro.

MERCER COUNTY.

By H. R. North, M. D., Reporter.

The Mercer County Component Medical Society held its regular monthly meeting Tuesday night, June 7th, Dr. C. J. Craythorn in the chair.

Dr. Henry B. Costill reported a number of cases of operative carcinoma with subsequent X-ray treatment. This report elicited a lively discussion, the general concensus of opinion being the necessity for early diagnosis, followed by prompt therapeutic or surgical measures. Great stress was laid upon the view now held by the laity that the X-ray scatters malignant growth, this belief being charged to the profession. The general opinion of all present was to the effect that, while the X-ray is not in any sense an absolute cure, in most instances it is a great pain reliever.

The following gentlemen were elected to membership: Dr. Wilbur Watts and Dr. Horace D. Bellis, both of Trenton, N. J.

The following resolution was unanimously adopted.

"Whereas, Almighty God, in His divine wisdom, has called to his reward from our midst the late Dr. Frank V. Cantwell, a valued member of our society; and

"Whereas, Dr. Cantwell, noted for his professional attainments and skill as a surgeon, was ever a faithful and honorable member of the profession which he adorned, and by his early death the community has sustained an irreparable loss; be it hereby

"Resolved, That the Mercer County Component Medical Society hereby extend their heartfelt condolence and sympathy to the sorrowing widow and family; furthermore, be it

"Resolved, That this resolution be spread on the minutes of the society and a copy of the same transmitted to the surviving members of his family."

Drs. G. N. J. Sommer, H. B. Costill and T. H. Mackenzie, committee.

At the June meeting of the Mercer County Component Medical Society the following resolution was unanimously adopted:

"Whereas, The medical profession through a long line of illustrious men, has given to the world valuable services; and

"Whereas, Said profession having shown its unselfish characteristics by virtue of unrewarded services, cheerfully rendered eleemosynary institutions and the State, as well as to the deserving poor, should absolve it from the charge of self-seeking; and

"Whereas, Said profession having ever shown its broadness of mind in adopting any means of proven worth for the relief and care of the many ills of mankind should give it the undoubted right to speak for the common good of all; and

"Whereas, Said profession has been always striving for the advancement of medical science; and

"Whereas, We consider Assembly Bill No.

156 a great step in this direction, as well as for the protection of the public; therefore, be it

"Resolved, That we, the members of the Mercer County Component Society, do emphatically disapprove the action of Governor Fort in vetoing said bill, and do deprecate the uncalled-for, undignified and ungentlemanly characterization of the chairman of the Legislative Committee of the State Society at the hearing given said Assembly Bill No. 156; and be it further

"Resolved, that we do endorse the acts and reliability of the chairman of the Legislative Committee, Luther B. Halsey, M. D., and pledge him our united support in his future efforts to advance the standing of medical practice in this State and the interest of the public health."

Drs. T. H. Mackenzie, Elmer Barwis, H. B. Costill, committee.

MIDDLESEX COUNTY.

Reported by Dr. F. E. Riva, M. D., Secretary pro. tem.

The regular quarterly meeting of the Middlesex County Medical Society was held at "Elmwood," the beautiful home of Dr. A. L. Ellis, near Metuchen, on Wednesday, July 19, 1910. In the absence of Dr. Gutmann, the president, Vice-President J. L. Lund, of Perth Amboy, occupied the chair, and Dr. F. E. Riva, of New Brunswick, was elected secretary pro tem., in place of Dr. H. C. Voorhees, detained by the death of his sister.

The following members were present: Drs. English, Ellis, Saulsberry, Henry, Lund, Meacham, Meinzer, Silk, Ramsay, Lippincott, Fithian, Greussner, and Riva. Dr. C. A. Hofer, of Metuchen, was also present. The regular order of business was suspended.

The following physicians were nominated for membership and referred to the Committee on Ethics: Dr. Clarence A. Hofer, by Dr. Ellis; Dr. J. S. Hays, by Dr. Fithian, and Dr. Max Greenwald, by Dr. Greussner. The credentials of Dr. Hofer having been presented, the committee reported favorably on his election, when the secretary was ordered to cast the ballot for his election, which having been done, he was declared elected. The committee also reported in favor of the election of Dr. Benjamin S. Van Dyke, of Cranbury, to membership, he having been a member of the Morris County Society. He was thereupon, on motion, elected.

Dr. Henry moved that the next meeting of the society, in October, be held at Perth Amboy, at 6:30 P. M., and that Dr. E. W. Scripture, of New York, be invited to address the members on "The Psychology of Speech." The motion was carried and Drs. Ramsay, Henry and Voorhees were appointed a committee to make the necessarry arrangements for the meeting.

On motion of Dr. English a vote of sympathy was extended to Dr. H. C. Voorhees.

On motion of Dr. W. E. Ramsay, a committee of three was appointed to investigate and report to the society at the next meeting as to the condition of the milk supply of this county. It was suggested that they consider the expediency of the appointment of a medical milk commission for the county and of inviting Dr. H. L. Coit, of Newark, to address the society on the subject. The chair appointed as the committee Drs. Ellis, Fithian and English. Dr. Ellis then introduced Professor Godfrey R. Pisek, M. D., of New York, who read a very able, interesting and practical paper on scarlet fever and its diagnosis, dwelling especially on its differential diagnosis from other eruptive diseases. It was discussed at some length by most of the members present. A vote of thanks was subsequently tendered to Dr. Pisek for his valuable paper. Dr. Ellis afterward provided an excellent luncheon, which was enjoyed and for which he received a vote of thanks.

SOMERSET COUNTY.

Reported by F. E. DuBois, M. D., Secretary.

A regular meeting of the Somerset County Medical Society was held at 3 P. M. on Thursday, June 9, 1910, at the Hotel Ten Eyck, in Somerville, N. J. Dr. William H. Merrill presided.

The following members were present: Drs. D. F. Weeks, F. J. Hughes, P. J. Zeglio, Lancelot Ely, J. P. Hecht, J. Hervey Buchanan, Mahlon C. Smalley, William H. Long, Jr., William H. Merrill and F. E. DuBois. Dr. William A. Clark, councilor of the State Society for the Third District, was also present

Dr. J. Hervey Buchanan presented a memorial to the society on the death of Dr. H. M. Weeks, one of its members. It was moved that a copy of the same be sent to Dr. Weeks' family and another spread on the minutes of the society.

It was duly moved and carried that the action of Dr. Halsey, as chairman of the State Legislative Committee, be endorsed by the society.

The meeting was then given over to the presentation of cases and all present reported one or more cases of interest.

Dr. D. F. Weeks, of Skillman, reported a case of typhoid fever complicated by a right-sided lobar pneumonia, endocarditis, and phlebitis, with recovery. Dr. F. J. Hughes, of North Plainfield, reported an interesting case of tubercular peritonitis in which the diagnosis was obscured by the onset of symptoms of fever, and peritoneal exudate following a curettage for an incomplete abortion, but which was confirmed at operation by finding miliary tubercles throughout the peritoneum and a tubercular salpingitis.

Dr. P. J. Zeglio, of North Plainfield, reported a case of ruptured ectopic gestation. Dr. Lancelot Ely, of Somerville, reported an unusual case of scarlet fever which later developed a quinine rash and desquamated three times, also complicated by endocarditis and later by pneumonia, with recovery. Dr. J. P. Hecht, of Somerville, reported an instructive case of vesical calculus in which the calculus had passed per vias naturales after the use of a diuretic mixture.

Dr. Buchanan, of North Plainfield, reported a case of Ludwig's angina, operated on and no pus discovered, but which had died from toxemia. He also strongly advocated the use of protropin in cases of lobar pneumonia, particularly in the pneumonias of children with meningeal symptoms. Dr. Mahlon C. Smalley, of Gladstone, reported a case of strychnine poisoning in a child of seventeen months, with recovery. Dr. William H. Long, Jr., of Somerville, reported a case of morphine and cocaine poisoning in which four grains of cocaine had been taken and two grains of morphine, with

ecovery. Dr. William H. Merrill reported a ase of abdominal tumor due to fecal impac- ion in the descending colon.

Dr. William A. Clark, of Trenton, reported n interesting case of urethral chill and fever ollowing passage of a sound, with suppression f urine for twenty-four hours, followed by omplete recovery.

Dr. F. E. DuBois, of Plainfield, reported a ase of pseudo-angina of the toxic form, due to ver-indulgence in use of tobacco and which resented characteristic symptoms of pain with sense of distension of upper part of chest, apid, irregular pulse, and blood pressure of 20 M.M.

Following this the meeting adjourned.

State and National Societies.

Society for the Relief of Widows and Orphans of Medical Men of New Jersey.

At a meeting of the Board of Trustees of the society held July 13, 1910, the following named physicians were elected members:

Drs. Irwin H. Hance, of Lakewood; Meyer Jedel, Edgar A. Ill, Robert J. Donnelly, Frank L. Martine, Royal M. Whiteneck, of Newark.

Blank forms of application for membership may be obtained from the secretary, Dr. Charles D. Bennett, 167 Clinton avenue, Newark, N. J.

Association of Medical Secretaries and Treasurers of New Jersey.

Annual Meeting at Atlantic City, June 29, 1910.

The meeting was held in the Hotel Chalfonte, at 8:30 A. M., June 29th, with a good attendance. Dr. Daniel Strock, Camden, president, gave the following address:

It is proper to say, for the information of those who were not present, that at the annual meeting of the Medical Society of New Jersey, held at Cape May, in June, 1909, a meeting of the various secretaries and treasurers was called to order and presided over by the secretary of the State Society, Dr. William J. Chandler.

At that meeting an organization was effected, Dr. Daniel Strock was elected president, and Dr. George T. Tracy was elected secretary. The session was one of great interest and real profit, by reason of the very appropriate remarks made by the chairman and other speakers, and gave foundation and impetus to a movement that, so far as I am aware, was first proposed for this State by Dr. David C. English, in an editorial in the Journal of the Medical Society of New Jersey for June, 1908. Subsequently, in a private letter to the speaker, Dr. Chandler further urged the matter and suggested that the treasurers of the various medical societies of the State should be associated with the secretaries, pointing out that so much of the success of the societies depended upon the proper co-operation of these two officers.

That the first meeting of the secretaries and treasurers was held and organization effected, is due entirely to the efforts of Dr. Chandler, to whom it is proper to accord this acknowledgment at this time. He wrote personal letters, urging the recipients to be present and participate in the proceedings, and issued a call through the official programme of the State Society.

That a movement of so much importance to the profession and the various medical societies of the State shall not languish or fail, I am sure we are all resolved, and it, therefore, is incumbent upon us to make every endeavor to attend the meetings and be prepared to participate in the proceedings, honoring the demands that may be made upon us from time to time, to present papers or give the result of experiences in the conduct of the work we are variously engaged in. Thus, we may hope eventually to have an organization that will vie in importance and influence with any similar society in the land. While we cannot hope ever to have a membership numerically as large as may obtain in some of the larger States, we can certainly have one as potent for good in our community and one that shall redound to the credit of its membership.

While much will depend upon our individual efforts and zeal while thus associated together, yet we cannot hope for a full realization of the benefits to accrue to our respective societies, or to the general profession, without the aid and sympathetic support of the State Society Journal, through the columns of which the proceedings of this society should reach the members throughout the State. Much that may be accomplished as a result of our deliberations, from time to time, will depend upon the conception that the members of our respective societies may have of the utility of our recommendations, and they will have a better idea of what is hoped to be accomplished if they are enabled to enter into the spirit of our motives by reading an account of the association's proceedings.

Bearing upon the future welfare of the organization is the suggestion that hereafter a programme for the meetings should be outlined in advance and included in the official announcement issued by the secretary of the Medical Society of New Jersey.

Unfortunately, at present, we are not enabled to devote very much time to the consideration of questions and problems that particularly concern an organization of this character, but in the future, when the association is on a firm foundation, it will, no doubt, be possible and expedient to so arrange the time of meeting that the proceedings may be conducted without undue haste, and even permit a social hour at the banquet table—a function that, in so large a degree, is conducive to a better knowledge of each other, and a better understanding of our purposes and the results desired to be accomplished.

Because the time at our disposal to-day is restricted, and because there is other important business to transact, this paper will be brief, but it has seemed expedient to say a few words of the genesis and also of the desired future of this association, and I will conclude by asking your consideration of two or three topics that can with propriety engage our attention at this meeting.

First, as to the desirability of a publication under the auspices of the county society. I am led to speak of this because I have been asked by officers of various societies to give information relative to the expenses entailed by such publication, and the ultimate results to be expected. The expense is really a local con-

sideration, for the reason that in certain communities the cost of printing will be greater than in others, and in any community where there is more than one establishment competent to do the work, competition would probably determine the cost. As a rule, the cost is a fixed sum per page, determined by the number of copies printed and bound. The expense for postage is in direct ratio to the number of copies issued, and if the usual society notices are mailed in sealed envelopes, probably a saving will be effected by sending to your members a journal at ordinary postage rates for printed matter. But, the probabilities are that your journal mail list will exceed your membership list, so that your postage expenses will equal, and probably be greater, than they were previously. I can best illustrate this if you will pardon the seemingly personal reference, by saying that the journal of the Camden County Medical Society is distributed to every physician in the county, to the various delegates accredited to that society from the adjoining counties, to the various medical presidents and secretaries throughout the State, and to libraries in different parts of the country that have requested to be supplied with copies—in all, three hundred and fifty copies of each issue are distributed, at an added cost of about one dollar for postage.

It is possible to make a journal pay all expenses, and even make a profit; but it entails soliciting business, with the certainty of being frequently rebuffed, because not all advertisers realize that the few pages devoted to this class of matter, in a small journal, is sure to be seen and read. Such will refuse to entertain your proposition, and then you cannot avoid the conviction that, after all, the world is not all sweetness and light. In my judgment, the ideal way would be to incur no greater expense than what could be met by a small increase in the annual dues.

That there is a distinct place for the local journal, I believe, is beginning to be generally conceded, as is evidenced by the numbers that are now being published in various States. When the Journal of the Camden County Medical Society was established, the founder believed it to be an original idea, and does not yet know to the contrary. But, certain it is that now various county societies throughout the country regularly issue such publications, and the societies believe they are benefited thereby. To my certain knowledge others are contemplated, and probably the day will come when few component societies in any State will be satisfied to be unrepresented in this manner.

In connection with this enlarged conception of the subject, we are confronted with a question to which we should seriously give heed: Presuming every county society in the State issued a publication, large or small, as the size of the society would appear to warrant, what bearing would this condition of affairs have upon the influence exerted by the State Society Journal? In other words, would the profession of the State, those same members who are already supplied by their local journal, give less heed to the coming of the profession's official organ, read it with less interest and less thoroughly, or become indifferent to its prosperity?

As well ask if, since we have been receiving the State Society Journal, have we become indifferent to the Journal of the American Medical Association? For the conditions are analogous. The various State journals enable the national journal to be a better publication than it would be if none of them were issued, and because it is a better publication, the profession feels increased interest in it. In like manner we can assume that benefit rather than injury would accrue to the Journal of the Medical Society of New Jersey by reason of the many local publications. In my judgment, there is a distinct field for the various classes of journals—the national, the State, the local—and the lesser can be helpful to the greater.

As officers of local societies, it is our duty, as well as a pleasant privilege, to endeavor to foster fraternal relationship with our neighbors, and to this end invitations should be extended to the president and secretary, at least, of the nearby adjoining counties. Where a reciprocal relationship is established between societies and delegates are accredited to each other, I would suggest that the president and secretary be not always included in such delegation, for the reason just indicated.

I am sure every society would feel honored and be profited by a visitation from the president or secretary of the Medical Society of New Jersey, or from the editor of the Journal of that society. While it may not be possible for these officers to visit every component society even once during the year, yet it is possible they would visit some of them, from time to time, if they had the reminder that a specific notice of the meetings would give. I would, therefore, suggest that it be considered the duty of the secretary of the various societies, with or without formal instruction, to extend to those officers a notice of every meeting and an invitation to be present. I venture to express the conviction that the time is not distant when it will be the recognized duty of the officers mentioned to visit as many of the component societies as may be possible during the year, and particularly should this duty seem incumbent upon the president, whose term of office is restricted. This idea could well be enlarged to be considered an obligation of the president-elect of the American Medical Association to visit the various State societies during his two years' term of office. But with that we have nothing to do. In the case of our own State officers, we believe the expenses of the visitations thus outlined should be borne by the Medical Society of New Jersey.

In this connection, it is proper to call your attention to another class of visitors the various component societies should delight to honor. I refer to the councilors. These are important officers of the State Society, and their duties include visitation of the various societies in their respective districts, to council with them, and to aid in the work of establishing kindly relations between every member of the profession and his neighbor. It is a requirement of the by-laws that the councilor shall visit every society in his district at least once during his year of service. The secretaries of such societies have a duty to perform in this connection, as well as the councilor, and that duty is to notify the councilor of each meeting, and such notice then becomes an invitation, without which, though the councilor knows when the meeting is to be held, he would probably consider his visitation to be an intrusion and omit it. I would suggest that each year

every secretary place the name of the councilor on his mailing list, and thus avoid the reproach that is yearly read in the councilors' reports, that a certain society was not visited because no notice of the meetings was received.

In conclusion, I wish to announce that I have taken the liberty to propose, in advance of any instructions from you, a constitution and by-laws, which will be submitted for your approval or rejection. In this connection I would like to suggest that it be considered the fixed policy of this association not to elect a president to succeed himself in the office. There can be no doubt that it is a mistake upon the part of any society to re-elect the same individual year after year to the office of president, so long as there is more than one name on the membership roll. In an organization composed as this is, it may seem expedient to alternate the office between the two classes.

I desire to thank you for the great honor that you have done me, in according me the privilege thus to address you.

A constitution and by-laws were tentatively adopted and the following officers were unanimously elected for the ensuing year:

President, Dr. David C. English, New Brunswick.

Vice-president, Dr. Obadiah H. Sproul, Flemington.

Secretary, Dr. Daniel Strock, Camden.

Treasurer, Dr. Ralph H. Hunt, East Orange.

(We are compelled to defer inserting the constitution and by-laws until the next issue of the Journal.—Editor.)

American Medical Association.

Annual Meeting, St. Louis, June, 1910.

The sixty-first annual session of the American Medical Association was held at St. Louis, Mo., June 6-10, 1910. The registration was 4,070, this being the third meeting of the association in point of size and only surpassed by the Boston session in 1906 and the Chicago session in 1908. The weather was practically perfect and the local arrangements admirable.

The House of Delegates met on Monday morning in the auditorium of the St. Louis Medical Society building. The president, Dr. W. C. Gorgas, U. S. A., read his address, in which the work of the association was commended and a number of suggestions made. The report of the general secretary showed that during the past year 289 members had died, 1,937 had resigned, 1,031 had been dropped and 95 had been removed from the rolls on account of being reported "Not found," making a total loss of 3,352. During the year 3,593 new members were added, making a membership on May 1, 1910, of 34,176. The application of the Medical Association of the Isthmian Canal Zone for recognition as a constituent association was presented. The death of ex-President Herbert L. Burrell was commented on. The secretary presented a tabulation showing the membership in the constituent State associations amounting to 70,146. The history of the secretaryship and its connection with the editorship of The Journal was reviewed. Dr. Simmons presented his resignation as general secretary and asked that it be accepted. The report was referred to the Reference Committee on Reports of Officers.

The report of the Board of Trustees showed encouraging progress in all lines of association work, the work of the Council on Pharmacy and Chemistry, Council on Medical Education, Committee on Medical Legislation, Committee on Nomenclature and Classification of Diseases and the Committee on Ophthalmia Neonatorum being especially commended. The trustees recommended that the report of the Committee on Organization of a Council on Health and Public Instruction be carefully considered. The addenda to the trustees' report included a report from the subscription department, showing the average weekly circulation of The Journal for 1909 as 55,361. The treasurer's report showed a surplus in the treasurer's hands on January 1, 1910, of $163,340.72. The auditor's report showed property to the amount of $172,081.86, and total assets of $399,462.16. The report was referred to the Reference Committee on Reports of Officers. The report of the Committee on Medical Legislation was presented by Dr. C. A. L. Reed, of Cincinnati, chairman. The year's work on National and State legislation was reviewed. Dr. Reed presented his resignation as chairman of the committee. The report was referred to the Reference Committee on Legislation and Political Action. Dr. A. D. Bevan, Illinois, presented the report of the Council on Medical Education, stating that during the past year the second tour of inspection of medical schools of the country had been made, and submitting as a part of the report a classification of medical schools into three classes: (a) acceptable, (b) needing certain improvements to make them acceptable, and (c) those which would require complete reorganization. The report of the council was referred to the Reference Committee on Medical Education.

At the afternoon session, the Board of Public Instruction and the director of post-graduate work submitted their reports. Dr. F. Park Lewis submitted the report of the Committee on Ophthalmia Neonatorum, reviewing the work of the past year and recommending that its work be enlarged so as to include all preventable causes of blindness, also that renewed efforts be made to have all births reported promptly so as to make possible more thorough work in the prevention of blindness. The report was adopted and the committee continued.

Dr. H. O. Marcy, Massachusetts, submitted the report on the Davis Memorial Fund, showing total contributions of $2,771.34. Dr. Marcy presented his resignation as chairman and Dr. Billings presented his resignation as secretary of the Davis Memorial Fund. The report was referred to the Board of Trustees. The Committee on Nomenclature and Classification of Diseases reported progress. The Council on Defence of Medical Research reported the publication during the past year of thirteen pamphlets written by experts in the various fields and prepared for general distribution. The council has also given much material for the daily press. The formation of a society of laymen for the promotion of medical research is being considered.

The reports of the following committees were presented: Patents and Trademarks, Uniform Regulation of Membership, Elaboration of the Principles of Ethics, and the United States Pharmacopoeia. The Committee on Anesthesia reported progress. It finds itself as yet unable to submit full and final reports for publication but reaffirms the finding of the committee in 1908

that for general use ether is to be regarded as the safest anesthetic.

Major M. W. Ireland, U. S. A., presented a report from the Committee on Insignia, recommending the adoption of an official button showing the knotted rod and serpent as the insignia of the association. Dr. Edward Jackson, Colorado, presented a report from the Committee on the Establishment of a Physicians' Sanatorium, recommending the appointment of a committee to draw up a plan for a corporate body to receive and administer funds for the relief of disabled physicians and to establish a sanatorium for physicians suffering from tuberculosis. The report was referred to the Board of Trustees. President Gorgas submitted a report from the Committee on Memorial to Medical Officers of the Civil War, showing that three members had been appointed and that the two remaining positions would be filled by the appointment of one volunteer surgeon from the Union Army and one from the Confederate Army. After the presentation of a number of resolutions, which were referred to appropriate committees, the House of Delegates adjourned until Tuesday.

The House met on Tuesday afternoon with the newly installed president, Dr. William H. Welch, in the chair. Dr. Frank B. Wynn, Indiana, presented the report of the Committee on Scientific Exhibit, recommending the preparation of cheap, compact and complete exhibits for the education of the public on all the problems of public health and comfort. Dr. Alfred Stengel, of Pennsylvania, presented the report of the Committee on Scientific Research, showing that three grants of $200 each had been made for the current year as follows: Dr. R. M. Pearce, New York; Dr. Gerald B. Webb, Colorado, and Dr. E. C. Rosenow, Chicago. The Committee on Organization of a Council on Health and Public Instruction recommended that the Committees on Organization, Medical Legislation, Public Instruction and Defence of Medical Research be abolished and that a council of five, to be known as the Council on Health and Public Instruction, be created. This report was referred to the Reference Committee on Amendments to the Constitution and By-laws. The Reference Committee on Sections and Section Work reported, recommending the organization of a section on genito-urinary diseases with the following officers to serve for the coming year: Chairman, W. T. Belfield, Chicago; vice-president, James Pedersen, New York; secretary, Hugh Young, Baltimore. The committee recommended that sections on physical force in medicine and on hospitals be not established at present. The report was adopted. The Reference Committee on Medical Education endorsed the work of the Council on Medical Education and recommended that the rating and classification of medical schools as determined by the council should be made public and that the council be instructed to continue its investigations. The classified list of colleges was presented as a part of the committee's report.

The Reference Committee on Reports of Officers recommended that the request of Dr. Simmons regarding his resignation as general secretary be respected and that his resignation be accepted in order that he might devote himself exclusively to the duties of The Journal of the American Medical Association. This report was adopted. The Reference Committee on Miscellaneous Business recommended that the reports of the Committees on Pharmacopoeia, Nomenclature and Classification of Diseases, and Miscellaneous Business be accepted and the committees continued. Dr. J. N. McCormack presented the report of the Committee on Organization, reviewing the work done for a department of public health and presenting the following resolutions:

"Resolved, That the president be, and is hereby, authorized to appoint a committee of seven members, which shall be charged with the duty of framing a bill for a national department of health, to be presented to the next session of Congress in December, and that this committee shall consider and determine all matters and policies relating to national health legislation, and may invite the co-operation and co-operate with other organizations having the same purpose in view.

"Resolved, That the principles of the Owen bill, having for its object the creation of a national department of health, now pending in the Senate, and similar bills introduced in the House by Representatives Simmons, Creger and Hanna, be, and are hereby heartily approved by this association, and the cordial thanks of the medical profession of the United States, officially represented by it, are hereby tendered to Senator Robert L. Owen, Irving Fisher and their co-workers for their able and unselfish efforts to conserve and promote the most important asset of the nation, the health and lives of its women, its children and its men, properly understood the greatest economic question now confronting our people.

"The members of this association stand for pure food, pure drugs, better doctors, the promotion of cleaner and healthier homes, and cleaner living for individuals, for the State and for the Nation. We believe this to be held as equally true by the reputable and informed physicians of all schools of systems of practice.

"We welcome the opposition of the venal classes long and profitably engaged in the manufacture of adulterated foods, habit-producing nostrums and other impositions on the people —to the extent of hundreds of millions of dollars annually—and express our sympathy for the well-meaning men and women who have been misled and worked into hysterics by the monstrously wicked misrepresentations of a corrupt and noisy band of conspirators and who are being used as blind instruments to enable them to defraud and debauch the American people.

"Medical science is advancing, especially on its life-saving side, with a rapidity unknown to any other branch of human knowledge. It is known of all men that our members in every community in the United States are unselfishly working day and night, instructing the people how to prevent tuberculosis, typhoid fever and the other diseases from which physicians earn their livelihood. Therefore, we welcome and will wear as a badge of honor the slanders of these unholy interests and their hirelings."

Dr. T. D. Tuttle, Montana, moved the appointment of a committee to prepare suitable resolutions in regard to the death of Dr. Ricketts, after which the House of Delegates adjourned until Wednesday afternoon.

At the Wednesday session, Dr. Rosalie Slaughter Morton, New York, was granted the

privilege of the floor to present the report of the Public Health Education Committee. The Reference Committee on Legislation and Political Action commended the work of the Committee and Bureau of Medical Legislation and recommended that Dr. Reed's resignation be accepted with an expression of appreciation of his untiring, loyal and faithful services. The Reference Committee on Hygiene and Public Health commended the work of The Journal in the direction of a sane Fourth of July. The Reference Committee on Reports of Officers submitted a supplementary report on Dr. McCormack's work, endorsing his recommendation of the appointment of a special committee of seven charged with the framing of a bill for a national department of health to be presented at the next session of Congress. Following the adoption of this report, Dr. Guthrie, of Pennsylvania, moved the adoption of the resolutions presented by Dr. McCormack. This motion was unanimously carried. The Committee on Awards recommended that a gold medal be given Dr. Claude A. Smith, of Atlanta, Ga., for an exhibit of experimental researches on hookworm disease and that certificates of honor be awarded to the following exhibitors: University of Minnesota, St. Louis University, St. Mary's Hospital, Rochester,, Minn.; St. Louis City Hospital, Indianapolis Department of Public Health, University of Michigan, Dr. Honwink, St. Louis; Special Committee on Prevention of Blindness, New York; Northwestern University, Chicago; St. Louis Medical History Club. Resolutions were then presented and adopted regarding the death of Dr. H. T. Ricketts, who sacrificed himself in the study of typhus fever in the City of Mexico, where he died May 3, 1910.

After the election of a number of associate members, and the presentation of miscellaneous resolutions, which were referred to appropriate committees, the House adjourned until Thursday morning.

A special meeting of the House was held on Thursday morning to consider the report of the Reference Committee on Amendments to the Constitution and By-laws. A large number of amendments, consisting mainly of verbal modifications, were adopted. The last meeting of the House of Delegates was held on Thursday afternoon, the election of officers being the first order of business. The following officers were elected: President, Dr. John B. Murphy, Chicago; first vice-president, Dr. E. E. Montgomery, Philadelphia; second vice-president, Dr. R. C. Coffey, Portland, Ore.; third vice-president, Dr. W. G. Moore, St. Louis; fourth vice-president, Dr. H. L. Johnson, Washington, D. C.

When nominations for general secretary were called for, Dr. I. C. Chase, of Texas, nominated Dr. Simmons for re-election in a speech which invoked repeated rounds of applause. In spite of the fact that his resignation had been presented and accepted, it was evident that the House of Delegates was determined to re-elect him. After a large number of delegates from different States had expressed their views, Dr. Simmons was unanimously re-elected. Dr. Frank Billings was nominated for re-election as treasurer by the Board of Trustees and was elected. The following trustees were then elected to serve until 1913: Dr. W. W. Grant, Denver, Col. (re-elected); Dr. C. E. Cantrell, Greenville, Tex. (re-elected); Dr. Frank J. Lutz, St. Louis, Mo. The president appointed the following as members of standing committees, the appointments being confirmed by the House of Delegates:

The Council on Medical Education—Dr. George Dock, St. Louis, to succeed Dr. E. E. Southard, to serve until 1915.

Council on Health and Public Instruction—Dr. H. M. Bracken, Minneapolis, to represent public health; Dr. W. B. Cannon, Boston, to represent defence of medical research; Dr. Henry B. Favill, Chicago, to represent public instruction; Dr. J. N. McCormack, Bowling Green, Ky., to represent organization, and Dr. W. C. Woodward, Washington, D. C., to represent legislation.

The Reference Committee on Sections and Section Work recommended the election to honorary membership of Dr. Alfred Saenger, Hamburg, Germany; Mr. J. Herbert Parsons, F. R. C. S., London, England, and Dr. James H. Honan, Berlin. The Board of Trustees reported regarding the publication of special journals on surgery and pediatrics, and after extended discussion the matter was referred back to the board with full power to act.

Invitations for 1911 were presented from Los Angeles, Cal., and Buffalo, N. Y., and, on ballot, Los Angeles was chosen, 61 to 58.

The Reference Committee on Hygiene and Public Health presented a report condemning the multiplication of optometry boards and the appointment of non-medical and unqualified persons thereon, recommending the formation of a committee on the prevention of blindness and authorizing the appointment of a committee to co-operate with the Department of Commerce and Labor with a view to establishing proper visual standards and tests for pilots. Following the adoption of resolutions of thanks to the Missouri State Medical Association, the St. Louis Medical Society, Governor Hadley, Dr. Dorsett and his local committee of arrangements, the House of Delegates adjourned sine die.

The attendance of the House of Delegates was large, 133 delegates being registered. An enormous amount of legislative work was done, the bulk of which was transacted in committees. The revision of the constitution and by-laws and the reorganization of the standing committees will greatly strengthen the work of the association and increase the possibilities for improved work. Taken as a whole, it was one of the most important sessions which the association has held and the prospects for the coming year are better than ever before.

The following New Jersey physicians are recorded as having been present: Dr. C. J. Kipp, as third vice-president; Dr. Philip Marvel, as trustee; Drs. L. M. Halsey, C. R. P. Fisher and W. F. Ridgway, as members of the House of Delegates. The following were registered in the various sections: Drs. H. L. Coit, G. K. Dickinson, J. I. Durand, Max Danzis, Linn Emerson, C. Garrabrant, R. H. Ferguson, Jos. MacDonald, Jr., P. M. Mecray, J. L. Nicholas, Victor Parsonette, E. J. Porteous, J. B. Shaw, W. B. Stewart and W. C. Wescott.

American Proctologic Society.

This society held its twelfth annual meeting at St. Louis, Mo., June 6 and 7, 1910, President Dwight H. Murray, M. D., of Syracuse, N. Y., in the chair.

The following officers were elected for the ensuing year: President, George J. Cook, M. D., Indianapolis; vice-president, Jerome M. Lynch, M. D., New York City; secretary-treasurer, Lewis H. Adler, Jr., M. D., Philadelphia; executive council, the above named officers and Louis J. Hirschman, M. D., Detroit.

The following were elected honorary fellows: Messrs. F. Swinford Edwards, W. W. Wallis, P. Lockhart Mummery and W. Ernest Miles, all of London, England.

The following were elected active fellows: Dr. Horace S. Heath, Denver; Dr. Stanley G. Finke, Leavenworth, and Dr. Granville S. Hanes, Louisville.

The place of meeting for 1911 will be Los Angeles, California, the date and headquarters to be announced later.

The address of President Murray was on Undergraduate Proctology, and the subjects of the papers presented, of which we have received abstracts, were as follows:

Review of Proctologic Literature from March, 1909, to March, 1910, Dr. S. T. Earle, Baltimore; Malformations of the Anus and Rectum, with cases, Dr. A. B. Graham, Indianapolis; The Use of Quinine and Urea Hydrochloride as a Local Anesthetic, Dr. L. J. Hirschman, Baltimore; Atony of the Rectum, Dr. W. M. Beach, Pittsburg; Villous Tumor of the Rectum, Dr. T. C. Hill, Boston; Significance of Rectal Hemorrhage, Dr. L. J. Krouse, Cincinnati; Ano-Rectal Affections of Infancy and Childhood, Dr. A. J. Zobel, San Francisco; The Treatment of Rectal Fistula, Dr. J. R. Pennington, Chicago; The Tuberculin Reaction in Perirectal Infection, Dr. C. F. Martin, Philadelphia; Lane's Conception of Chronic Constipation and Its Management, Dr. A. B. Cooke, Nashville; A Unique Case of Laceration of the Sphincter Ani, Dr. A. B. Cooke; Multiple Adenomata, Dr. G. W. Combs, Indianapolis; Some Observations on the Pathology of Multiple Adenomata, Dr. J. M. Lynch, New York City; Skin Manifestations, of Amebiasis, Dr. J. L. Jelks, Memphis; Incontinence Following Rectal Operations, Dr. G. B. Evans, Dayton; Ulceration of the Rectum in Pregnant Women and the Part It Plays as a Factor in Abortion, Dr. L. Straus, St. Louis; Case of Localized Dermatitis Following Use of Quinine and Urea as a Local Anesthetic, Dr. A. Hebb, Baltimore; Brief Revision of the History of the American Proctologic Society from 1899 to Date, Dr. L. H. Adler, Jr., Philadelphia; Remarks Upon Cecostomy and Appendicostomy, Dr. S. G. Gant, New York City; Report of Case of Post-Operative Delirium, Dr. S. T. Earle, Philadelphia; Appendicostomy, Dr. F. C. Yeomans, New York City; Case of Fibrosis of the Rectum, Dr. J. A. MacMillan, Detroit.

American Public Health Association Meets.

The American Public Health Association will hold its thirty-eighth annual meeting in Milwaukee, Wis., September 5 to 9. The association will discuss methods for the correlation of the work of various public health organizations which have been invited, and for co-operation with a view to increasing efficiency and economy. Sanitary engineering will occupy a conspicuous place on the program. Information concerning the meeting can be obtained by addressing Dr. William C. Woodward, secretary, Washington, D. C.

New Members of the American Medical Association from New Jersey.

Barwis, Elmer, Trenton.
Campbell, Charles M., Paterson.
Clay, Thomas A., Paterson.
Danzis, Max, Newark.
De Meritt, Charles L., West Hoboken.
Forney, Norman N., Milltown.
Jennings, Charles H., Merchantville.
Lamy, A. W., Elizabeth.
Marks, Edward G., Arlington.
Maxon, Cullen B., Jersey City.
Mendenhall, Clinton D., Bordentown.
Murray, William H., Plainfield.
Parsonette, Victor, Newark.
Schmidt, William H., Atlantic City.
Woolley, J. Stanley, Plainfield.

A serious matter confronts the physician of the age and day: a question of such importance that it will take the united efforts of all who hold true therapeutic progress above the shrewd tricks of medical commercialism, to combat it. The custom, handed down to us from the Dark Ages, of placing a collection of symptoms under a name and then giving a set formula for the named condition—instead of treating pathological lesions, and making an individual drug study—has evolved a nostrum practice that threatens the life of the science. * * * The future of this race rests in the education and enlightenment that will be imparted by the self-sacrificing physician. The future work rests in their hand by the nature of their work. This is an age of commercialism. The people have gone money-mad and sex-mad. In the unfoldment the true science of medicine, and its allied branches, will save the race, if saved at all. A true physician is not a man who goes about giving excuses for being here—his life is not an apology. He takes up his life task in honesty and sincerity; and takes a promise, "That he will go out in the world, not mailed in scorn, but in the armor of pure intent—great duties are before him; and great songs, and whether crowned or crownless when he falls it matters not, so God's work is done." Gladstone said, "Physicians will become the future leaders of nations."—Dr. Brose Horne.

"I hold it truth, with him who sings
To one clear harp in divers tones,
That men may rise on stepping stones
Of their dead selves to higher things."

"Don't worry, my friend. There's nothing the matter with you but a slight indigestion."

"Great Scott, doc! The physician I sent for yesterday said I had appendicitis."

"That was very careless of him. He should have known you couldn't afford such an expensive disease."—Browning's Magazine.

THE JOURNAL
OF THE
Medical Society of New Jersey

AUGUST, 1910

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to
David C. English, M. D., Editor,
New Brunswick, N. J.

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Charles J. Kipp, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal, should be addressed to
William J. Chandler, M. D., South Orange, N. J.

SPECIAL NOTICE.

We most respectfully but urgently request that authors of papers and those taking part in the discussion of them, will promptly return to the editor, at New Brunswick, the stenographer's reports sent to them for correction; also all printed galleys sent for revision and correction. The failure to do so, in a few instances, has occasioned the editor much inconvenience and prevented the insertion in this issue of the Journal of two papers read at the annual meeting of the society.

RECIPROCAL RELATIONS BROKEN.

The rupture of reciprocal relations between this State and the State of New York is a serious matter, caused by the construction which the Attorney-General of our State has recently put upon the law in reference to the preliminary educational requirement for medical licensure. It seems strange that the so-called flaw in the present medical statute in respect to the time for completing academic education should have escaped detection until this late day, but it is the same law that has been acceptable to the New York authorities hitherto and we think the wisdom of their action is questionable, and that our Board of Medical Examiners is fully justified in the action taken by the board as given on page 140 of this issue of our Journal.

We understand that the Attorney-General offered his services to the State Board of Medical Examiners in the preparation of a new, or a revision of the old, law.

A. M. A. ANNUAL MEETING.

We give elsewhere in this issue a somewhat full account of the recent annual meeting of the American Medical Association at St. Louis, and therefore will only comment briefly on some of its special features. It was the third in point of attendance—nearly 4,100 having registered. New Jersey was represented by twenty of our members. It was probably the best meeting the association has ever held from every viewpoint, the arrangements seemed perfect and the hospitality was unbounded. The welcome extended by St. Louis was most cordial, indeed the whole State united in it, as Governor Hadley's address (extracts from which we gave in last month's Journal) indicates, and it was especially gratifying to hear from him such a hearty endorsement of the profession's efforts for its own uplifting and the good of the people. The orations in surgery and medicine, the addresses of President Gorgas and President-elect Welch were most excellent.

The scientific work of the various sections was of a high order and the attendance was unusually good, some of the sessions being crowded, especially the sessions on Preventive Medicine and Public Health, where the hookworm disease, pellagra and typhoid fever were fully discussed. Cancer occupied a good share of the time in the sections on Pathology and Physiology and on Surgery, a symposium on that subject considering it in the former, and the chairman's address and an able paper in the latter section.

The House of Delegates this year had an unusual amount of business, some of it

of most important character, affecting the solidarity of the profession and its future ever enlarging work of organization and scientific effort and achievement, and the deliberations were carried on in a business-like way and with harmonious spirit. Rarely have annual meetings been marked by more careful consideration and deliberative action. The reference of reports of officers, trustees and important committees to reference committees, we believe, is a wise method for insuring such care and deliberation. The by-laws were amended in some particulars to correct errors and defects and to make more clear some of their provisions.

The reports of the council on Medical Education and the Council on Pharmacy were admirable and we shall refer to them hereafter. The creation of a new council which will combine, and continue the work of, the former committees on Legislation, Organization, Public Education and Defence of Medical Research—to be known as the Council on Health and Public Instruction—we believe was wise, as was also the selection of members to serve thereon. The trustees were authorized to establish special journals on Pediatrics and Surgery, and we doubt not that they will prove as successful as was the former action creating the Archives of Internal Medicine. The effort for the establishment of a National Department of Health was heartily endorsed and a resolution was adopted, after favorable report from the Reference Committee, appointing a committee to frame a proper bill and endeavor to secure its passage.

The re-election, after resignation and acceptance thereof, of Dr. George H. Simmons, as secretary of the association, was a marked recognition of the long and faithful services of this veteran and was a just tribute to his worth and his devotion to the interests of the A. M. A. The election of Dr. John B. Murphy, of Chicago, as president for the coming year, cannot fail to be regarded generally as a wise selection, because of his standing as one of the most eminent of American surgeons. The association has entered upon a year which we predict will be one of increasing prosperity and marked achievement. It ought to have an increase of 500 in its membership from among the physicians of New Jersey.

ASSOCIATION OF A. M. A. STATE SECRETARIES AND EDITORS.

The editor's illness made it impossible for him to attend the annual meeting of this association, and he is therefore unable to speak of its work and influence from personal knowledge, but we are glad to give the account of the editor of the Texas State *Journal of Medicine* as it appears in the editorial columns of that Journal, as follows:

"This association held its annual meeting and banquet at Faust's restaurant, St. Louis, Monday night, June 6th. The writer had the good fortune to be received and admitted a member among them at this time. There was no secrecy, no mystery, no great degree of profundity, only a hearty greeting of good fellowship, and a spirit of devotion to the cause was at once evident. We had read that these were the arch conspirators, that here the 'octopus' hatched out its malicious schemes against the innocent proprietary medicine men, and for the enthrallment of the medical profession. We would think we had not been admitted to the innermost circle, but we have been a sucker on the tentacle of the octopus too long to be denied, and besides, we helped to elect officers and adjourn without date.

"Dr. Simmons, Dr. Green, Dr. McCormack and several of the trustees were there. There were also guests present who were not officials. Dr. E. W. Weiss, of Chicago, secretary of the Illinois State Medical Society, read a paper on Medical Defence, which furnished the theme for the evening's discussion. It seems that this question is assuming considerable importance in some of the States, and that some of the associations are dealing with the problem most successfully through the machinery of their organization, and with little additional expense to the members. It appears that a

State-wide medical organization behind a defence in a malpractice suit not only adds to the value of the defence in the way of influence, but it serves to knit the profession into a closer bond of sympathy and mutual protection, and altogether serves to inhibit the barrister and the grafter in their efforts to rob the physician by means of a damage suit. We will doubtless have to deal with this question ourselves, sooner or later.

"The banquet was bountifully served, and was distressingly good. There were many good stories and happy speeches, and much helpful discussion. Dr. Lillian South, of Bowling Green, Kentucky, the gracious and popular secretary of the association, seemed to be responsible for the success of the occasion. We acknowledge with gratitude the help this conference has been to us, and look forward with pleasure to the occasion for the next one."

NEW JERSEY ASSOCIATION OF SECRETARIES AND TREASURERS.

The conference of secretaries and treasurers of the component societies of New Jersey, held at Atlantic City during the sessions of the annual meeting of the State Society, was a most interesting and important gathering. A much larger number was present than at the previous conference in 1909; the time for its session was far too limited. We give in this issue of our Journal, in full, the excellent address of the chairman, Dr. Daniel Strock, of Camden, and the constitution and by-laws suggested by him, which were adopted tentatively, being subject to any changes that might be thought desirable at next year's meeting.

We cannot at this time dwell upon this subject as it deserves, but express our conviction that the permanent organization of this association, followed by earnest work in carrying out its design and mission, means much for the future welfare of our State and county societies, in bringing them into more practical and efficient co-operation, by developing and strengthening more fraternal relation among the members, with better attendance on, better business methods in and better scientific work done by, our county societies. The president elected at this conference, understanding that to be the meaning of this organization and that it was the determination of the members to endeavor to accomplish such ends, was prevailed upon to serve against what he believed to be his own better judgment as to the selection of a leader. We invite every secretary and treasurer of a medical society in New Jersey—State, county or local—to become identified with this association and join in earnest effort for the unification, fraternization, strengthening and general uplifting of the profession in the State.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The forty-first annual meeting of this association was held in Planters' Hotel, St. Louis, June 4 and 6, 1910. We regretted exceedingly our inability to attend this and other rich feasts provided in St. Louis from June 4 to 10, 1910, but from accounts received this was one of the best annual meetings the Editors' Association has held; that the program was full of practical subjects which were ably handled; that Dr. W. A. Young, the president, presented an excellent address and that the banquet was all that could be desired. We express our opinion freely that the association acted with good judgment in electing Dr. Joseph MacDonald, Jr., as its president for this year, for to his energy and efficiency the association owes more for its existence and prosperity than to any other man. It is an honor worthily bestowed and an official position ably filled. We congratulate the association and Dr. MacDonald.

An editorial on Medical Education is in type but lack of space for it and items to which it refers compels us to defer it until next month.

Radium in Cancer and Rodent Ulcer.

Sir William Ramsay, at a meeting of the Authors' Club, London, recently said:

"Up to the present it has been said radium cures cancer. I do not think it by any means certain; I think it exceedingly doubtful; but it has not been rightly tried, and all we can say is that there have been things done which are favorable to that suggestion. But, although we may postpone decision with regard to cancer, there can be no postponement as to rodent ulcer. It is a certain cure for that. There has not been a single case of failure, except when the disease had spread to an awful extent before treatment was begun."

May a Physician Give Consultation in a City Where He Does not Reside?

Several medical societies (syndicats) have recently given consideration to the question stated above. The Syndicat de Pont-Audemer (Eure) has decided to permit its members to resume professional relations with a certain colleague only on condition that the latter discontinue the office that he has opened in a locality where he does not reside. The Syndicat departmental de la Mayenne has rendered the decision that every physician has the right to practice and to give consultations on stated days in any locality whatsoever. This creates no difficulty when the locality to which he goes is within the ordinary radius of his practice or nearer to his own residence than to that of any other physician, but in case the locality where he thus practices is within the radius of the practice of another colleague, the syndicat permits a physician to give consultations there on a stated day, provided that he does not take fees lower than those of the other practitioners.—Paris Letter, A. M. A. Journal.

Dental Clinics for the Poor.

Dr. Charles H. Dilts, president of the New Jersey State Dental Society, in his address, said:

"There is now shown greatly increased interest in the subject of the examination of children's teeth in the public schools, and free public clinics have now become a reality. The public school authorities throughout our State are seeing the satisfactory results of compulsory medical examinations, and will soon demand equally competent dental examinations which can be thoroughly made only by those especially prepared for this work.

"A great forward movement was accomplished last April when Governor Fort signed the bill which authorized any city to appropriate annually the sum of $1,000 for the maintenance of dental clinics by incorporated dental societies, for the free treatment of indigent persons. I desire to urge the faithful following up of the work started by the free dental clinics. I can appreciate how difficult it is for those in charge to keep men together and always to have some one present at certain stated times. We must show the public the real interest we have in this work of benevolence if we expect renewed and larger appropriations of money for this purpose, and eventually have city dentists the same as we now have city physicians.

"Personally, I believe that dental clinics should be located at the hospitals. There should be dental clinics at these charitable institutions, the same as there are medical and surgical clinics, and the municipality and county should help to maintain them. I believe young men could be obtained from the various colleges just following their graduation. Many would be glad to give their time for six months or a year at a small salary. Here they could obtain a broader clinical knowledge and thus be better prepared to start their life work. Virginia has taken the most advanced position in dental education. Her new dental law recognizes dentistry as a specialty of medicine. After 1914 all who desire to take an examination to practice dentistry in that State must have a medical degree. I sincerely hope that the time is not many years distant when our profession shall be raised to this high standard in all the States of the Union. Can't we have it now in New Jersey?"

Editorials from the Lay Press.

New York and New Jersey Doctors.

From the New York Daily Tribune.

The abrogation of reciprocity between New York and New Jersey in the matter of recognizing licenses for the practice of medicine is much to be regretted and will be the cause, probably, of some inconvenience. Which of the two States will be the greater sufferer, in the persons of its physicians and patients, may be a matter of dispute; though we suppose that many more New York doctors will seek to practice in New Jersey than Jerseymen in New York; so that New York will probably suffer in the greater number of physicians and New Jersey in the greater number of patients who are denied their ministrations.

The number and size of the medical schools of New York and the lack of such institutions in New Jersey made a decided contrast between conditions in the two States. New York is one of the chief producers, perhaps the chief, of medical graduates, supplying them to every part of the Union, while New Jersey is almost entirely dependent upon institutions in other States for her supply. The present unfortunate controversy arises, however, over the alleged difference between the requirements of the laws of the two States in the matter of scholastic preparation for the practice and, indeed, for the study of medicine. New York requires three years of high school work as a preliminary to entering a medical school, the fourth year to be made up within the first two years of the medical course; while in New Jersey it is said to have been decided that a man without any high school training might enter a medical school and be duly graduated, provided he made up his high school work during the course. New York authorities, therefore, refuse longer to recognize New Jersey licenses on the ground of an inferior standard of qualifications, and New Jersey now in return refuses to recognize New York licenses, denying that her standard has been lowered since the late reciprocal arrangement was made.

Apart from the technical merits of this specific case, the incident emphasizes the great and

growing desirability of the most uniform standards possible in professional qualifications, not only in these two States, but throughout the nation. We have recently commented upon the beneficial influence which the Carnegie Foundation may have in promoting such uniformity. Perhaps this controversy will more or less directly conduce to that end.

New Trials of Tuberculosis.

From the N. Y. Daily Tribune, July 27, 1910.

In the latest issue of the "New York Medical Journal" there are two articles dealing with the use of tuberculin for remedial purposes. One is contributed by Dr. James Alexander Miller, a professor of the College of Physicians and Surgeons and director of the Bellevue tuberculosis clinic. The other comes from Dr. Henry Mason King, chief physician at the Loomis sanatorium, in Sullivan County, N. Y. Both writers discuss the size of the dose which they think it is safe to administer, one of them incidentally referring to the amount approved by Dr. Trudeau, of Saranac Lake. They also consider the frequency with which the remedy should be given and the length of the time during which, when the treatment is deemed advisable at all, it should be continued. They agree in thinking that tuberculin cannot be employed advantageously in every case of consumption, and regard a special study of the requirements of each patient as essential before trying it. Nevertheless, they report that in a small number of cases, notably those in which the disease is in an early stage, the results of the treatment are encouraging.

Now, it is noteworthy that statements of the same general character have been made in medical periodicals, American and European, with increasing frequency within the last year or so. Some of them, as in the two instances just mentioned, are made by men of recognized professional standing. Almost invariably these experts employ tuberculin merely as an adjunct to other helpful agencies—fresh air, hearty feeding and exercise. They refrain from enthusiastic praise of it and frankly recognize that it has its limitations. Occasionally it is pointed out that much depends on the kind of tuberculin used, for several varieties are now known.

Though many physicians still strongly oppose the use of tuberculin as a remedy, it is conceivable that, as Dr. Miller believes, their hostility is due to gross mistakes made with it in its early history. It seems to be beyond question, however, that medical opinion on the subject has undergone some change. Tuberculin is not universally and unanimously condemned as it was after its first failures It is evidently having a more extensive trial than seemed possible fifteen years ago. Possibly on account of improved methods of preparation and administration it is doing a little good in a small proportion of carefully selected cases.

Anthrax in Gloucester County.

From the Camden Post-Telegram.

Anthrax, which has already killed thirteen cows in Gloucester county, is spreading. The disease was discovered to-day in a cow on the old Dickensheet farm, a short distance outside if Gloucester City, and it is expected that the animal will die before night.

When the animal was found it was lying on the ground in the midst of a herd of more than a dozen cows. It is feared that at least some of these animals have aiso been infected, and a most careful quarantine has been established by the officers of the State Board of Health around the farm.

It is probable that a milk quarantine will be established against all dairymen in Gloucester county, and if this is done a milk famine will probably result in Gloucester, Camden, Westville, Mt. Ephraim, Woodbury, Haddonfield and other places. The reason for this is that anthrax is regarded as being fatal to human beings as well as to animals, and the germs of the disease, it is believed, are carried in the milk.

Since the disease first made its appearance on the farm of Joseph Wylie two weeks ago, that farm has been carefully quarantined. Ten cows died during the first week, and three more have succumbed to the disease during the past seven days.

The danger of the siuation has been increased by the attitude of the dairymen. With the single exception of Wylie, all of them have resolutely refused to permit the State officers to vaccinate any of their cattle.

As soon as it became known that the deadly disease had broken out in a fresh place, Dr. Thomas P. Rogers, of Woodbury, a State veterinarian, went to the Dickensheet farm. Guards will be kept about the place for the present. Dr. J. K. Bennett, an inspector of the Gloucester City Board of Health, also went to the farm and ordered that the milk wagon be kept away from the city.

Oliver Stetser, president of the Board of Health of Gloucester, announced to-day that a joint meeting will be called either to-night or to-morrow of the health boards of Gloucester City and of Haddon and Center townships. It is proposed at this meeting to take action, if the State veterinarians deem it advisable, to stop the sale of milk from all dairy farms within the limits of the territory under their supervision.

Warning has been sent out by inspector Bennett that Newton creek, which passes through the Wylie farm, is believed to be infected with anthrax germs. This stream flows through the Dickensheet farm.

Parents have also been warned not to permit their children to wade or bathe in the creek. It is known that the cows which have since died, drank from this stream and waded in it. Boys with cuts or abrasions who bathe in the stream incur the danger of infection.

Hospitals; Day Camp

State Hospital, Trenton.

Dr. Cotton, speaking of the hospital attendants recently, said that there is one attendant to every nine patients and this is the general hospital average. If a patient is so violent that he needs a special attendant one is immediately provided. In 1907 when he came to the institution Dr. Cotton found one night attendant in charge of the whole male building. At the present time there are fifteen attendants for the

male building and only a very slight increase in the number of patients.

Speaking of the charge made by Attendant Ziders that he was neglected by the physicians, Dr. Cotton said that Ziders went off duty and did not ask for a physician. Two days later one of the supervisors reported the case and everything possible was done to aid the sick attendant.

It is the idea of the medical director that the ultimate solution of the hospital troubles regarding the injuring of patients by attendants will be the hiring of all female attendants. He claims that they can do the work as effectively as men and without causing physical injuries to the patients. There are a number of large institutions in the West where this system is being successfully carried out.

Cooper Hospital, Camden, Tetanus Cases.

Of the three victims of the appalling ailment one was discharged completely cured this week. He is Joseph Mignawsi, aged 44 years, of 1160 Atlantic avenue, who on June 25 cut a finger with a rusty knife and paid no attention to the wound until his jaws were locked, his blood poisoned and his nervous system paralyzed by the griping germs of the tetanus.

The patient was given copious doses of anti-tetanic serum, and the new treatment, after a triumphant battle, brought him marvelously out of the jaws of death.

The other two victims of the disease cured by anti-tetanic serum are still in Cooper Hospital, but will be discharged in a few days. They are Helen Scott, aged 11 years, of 627 Cedar street, who developed tetanus after vaccination in which the germs lodged afterward, and Harry Snyder, aged 18 years, of 738 Pennsylvania avenue, who stepped upon a rusty nail and neglected the wound until a bad case of lockjaw was engendered.—Camden Post-Telegram.

Municipal Hospital, Camden, Plans Approved.

The plans, which were published in the Post-Telegram, were thoroughly gone over and approved. Architect Joshua C. Jefferis, the local designer of the structure or structures, as they provide for a main building, two corridor connected wards and a stable, was instructed to secure the lowest possible estimates as to the cost of such a hospital and report at the next meeting.

Of the $50,000 appropriated for a Municipal Hospital by City Council, $41,600 with accrued interest remains. The board purchased a site on a back lying tract out Mount Ephraim avenue between the Dominican convent and the present Municipal Hospital, for $9,400 and expect to erect the new hospital for $35,000 or $36,000.

Orange Anti-Tuberculosis Day Camp.

The Orange camp, conducted by the Orange Anti-Tuberculosis League, which started out last summer in trying to arrest cases of a more or less advanced stage, or to effect a cure if possible, is being operated this year on a plan entirely new to this State. Search has been made for children who have not yet contracted pulmonary tuberculosis, but who yet respond to a test which indicates conditions showing that unless prevented by treatment it would be only a matter of time when the disease in some form or other would manifest itself.

The society found no difficulty in singling out a number of children in whose system the dreaded germ made itself manifest, and the parents were prevailed upon to permit their children to take the usual course of treatment at the grounds. The test, known as the skin test, is much the same as vaccination and consists in injecting serum to which the child's system does or does not respond according to the presence of the disease in its very earliest stage.

Every means has been taken of making the children's stay at the camp one of pleasure, for contentment is one of the prme factors in the cure. One of the most important of these was the making of a big garden, which is cared for by the patients. It is from this garden that the vegetables for the big noonday meal are obtained in large measure. The garden is one of the chief sources of delight to the children, many of whom had never been in a garden before.

All about the grounds are regular fixtures that go with a well equipped playground. These include a slide, three swings, see-saws and a big "Flying Dutchman." The big tent back of the main building furnishes a playhouse for the girls at times and an arena for the boys who have marked out a ring where daily they fight sham battles.

On a rainy day the children go into the old barn, which has been cleaned and painted white, and there amuse themselves and at the same time improve their minds. Spelling matches, drawing and indoor games make the time pass quickly.

While the fun goes on unchcecked, there must be no rudeness, and cleanliness must prevail. In the least objectionable manner possible the youngsters are taught moral standards and the proper care of their bodies.

When Dr. Ralph H. Hunt, of East Orange, appears in his automobile each day the youngsters flock about him begging him to take them out in his automobile. The doctor has made himself extremely popular with the youngsters, and he has little trouble in giving them the attention they require.

The officers of the society are: President, Norman M. Ward; vice-president, Dr. R. H. Hunt; treasurer, George J. Bayles, and recording secretary, Miss Louise R. Pierson.

Among the thirty-six medical and lay directors are Drs. J. K. Adams, G. C. Becket, A. C. Benedict, T. N. Gray, T. W. Harvey, R. H. Hunt, J. M. Maghee, C. D. Martinetti, D. W. Poor and E. G. West.

Deaths.

BROWN.—In Elizabeth, N. J., July 18, 1910, Dr. Louis R. Brown, aged 70 years.

Dr. Brown was one of the oldest practicing physicians in Elizabeth. He was born in Ironton, Pa., November 30, 1839, and was the son of Paul Brown and Mary Woodring. He attended the public schools and Allentown Academy, Lehigh County, Pa., and was a student in the University of Pennsylvania in 1861 and 1862. He entered the Homeopathic Medi-

cal College of Pennsylvania in 1863, and graduated in April, 1864. He practiced in Elizabeth until 1865, when he removed to Mt. Vernon, O. He returned to Elizabeth in 1869.

He was a member for several years of the Elizabeth Board of Health and a member of the New Jersey State Homeopathic Medical Society. He served for a time in the hospital department during the closing part of the Civil War. He had been an invalid for eight years, and was confined to his home three years.

On July 15, 1864, Dr. Brown married, in Philadelphia, Mary E. Kidd, of that city, who survives him. He also leaves three children—Dr. Stanley R. Brown, Alice E. Brown and Mrs. David H. Townley, all of Elizabeth. He was a member of the Swedenborgian Church.

WARD.—In London, England, July 13, 1910, Dr. Leslie D. Ward, of Newark, N. J.

Dr. Ward graduated from the College of Physicians and Surgeons (Columbia) in 1868. He had not practiced for several years. Further notice will appear in the next issue of the Journal.

WYNN.—In Camden, N. J., June 13, 1910, Dr. Ephraim S. Wynn, aged 61. He graduated from the Jefferson Medical College in 1872.

Married.

PROBASCO—KOONS.—At Plainfield, N. J., June 7, 1910, Dr. Norman Hayes Probasco to Miss Olive Koons, both of Plainfield.

Personal Notes

Dr. Raymond D. Baker, Summit, has resigned as a member of the local Board of Education on account of the pressure of professional work.

Dr. Charles D. Bennett, Newark, and family are occupying their cottage on Point Pleasant, Lake Hopatcong, during the summer.

Dr. Harry B. Bossard, Harmony, has been elected medical inspector of the schools of Harmony Township.

Dr. John H. Bradshaw, Orange, and family are spending a few weeks in Maine.

Dr. Otto Lowy, Newark, and wife are occupying a cottage on Thurmont Hill, opposite the Denville station.

Dr. Henry M. Chandler, South Orange, is spending his vacation among the summer resorts of Maine.

Dr. Isaac S. Cramer, Flemington, has been appointed borough physician for Flemington.

Dr. G. Wyckoff Cummins, Belvidere, is compiling a history of Warren County, from its earliest settlement.

Dr. Alexander Dallas, Pine Brook, recently had his autocar destroyed by fire, caused by gasoline tank explosion.

Dr. Gordon K. Dickinson, Jersey City, sailed for a few weeks' vacation for Europe July 20th.

Dr. Louis W. Dodson, Jersey City, and wife have been touring New York State in their automobile.

Dr. George H. Foster, Rockaway, has been visiting at Montrose, Pa., since leaving the Memorial Hospital at Morristown, where he underwent a surgical operation.

Dr. E. L. B. Godfrey, Camden, with wife, is spending a few weeks traveling in New York State, Canada and the Eastern States.

Dr. Peter Hoffman, Jersey City, and wife recently generously gave over fifty orphans of St. Francis' Hospital, Jersey City, a trolley ride and a picnic in Palisade Park.

Dr. A. Clark Hunt, Metuchen, is spending his vacation with his family at Mantalokin, Pa.

Dr. William J. Lamson, Summit, has been reappointed medical inspector of the Summit schools.

Dr. William P. Melcher, Mt. Holly, was recently operated on in a Philadelphia hospital. He has recovered and returned home.

Dr. Richard C. Newton, Montclair, is reported to have consented to run for Mayor of Montclair, on the Democratic ticket.

Dr. Ralph Opdyke, Montclair, and family are occupying Craig Haven, on Raccoon Island for the summer.

Dr. Frederick W. Owen, Morristown, and wife are spending the month of August in Maine.

Dr. Stephen Pierson, Morristown, is visiting at Heron Island, Maine, for a few days.

Dr. Walter Reynolds, Atlantic City, was honored with the degree of LL.D. by Villanova College, in June, when President Taft received a similar honor.

Dr. George L. Romine, Lambertville, spent two weeks last month in his auto, touring Northern New Jersey and New York State.

Dr. Walter A. Taylor has resigned as a member of the State Hospital medical staff and will engage in practice, making mental diseases his specialty.

Dr. James H. Rosenkrans, Hoboken, and family are spending the summer at Tyson, Vt.

Dr. Leo H. Shenier, West New York, is at Asbury Park, regaining health, after a long siege of sickness.

Dr. William H. Shipps, Bordentown, has recently purchased a fine lot on Farnsworth avenue.

Dr. William Perry Watson, Jersey City, has been spending a few weeks at Saratoga.

Dr. J. Ackerman Coles, Scotch Plains, recently presented to the Y. M. C. A. their collections of the works of Julian Hawthorne and Edward E. Hale.

Dr. John H. Winslow, Vineland, was on July 7th elected health officer of the borough. He formerly was sanitary inspector.

Book Reviews.

The Practitioner's Case Book; for Recording and Preserving Clinical Histories. Prepared and arranged by the editorial staff of the Interstate Med. Jour. Imp. Oct., 286 pages; cloth; 80 detachable charts; indexed. St. Louis; Interstate Medical Journal, 1910. $2, postpaid.

The advantages of a well-kept "case book" are many—absolute records in place of treacherous recollections; reliable guides for study and comparison; safeguards in suits for alleged malpractice, etc., etc. Every practitioner should keep one.

BOOKS RECEIVED.

The Practical Medicine Series, Vol. II. General Surgery, edited by John B. Murphy, A. M.,

M. D., LL.D., Prof. Surgery, Northwestern Univ., etc., etc., Chicago. Series 1910. The Year Book Publishers, Chicago.

The Practical Medicine Series, Vol. III. The Eye, Ear, Nose and Throat, edited by Casey A. Wood, C. M., M. D., D. C. L.; Albert H. Andrews, M. D.; Gustavus P. Head, M. D. Series 1910. Year Book Publishers, Chicago

State Board of Medical Examiners.

Reciprocal Relations Broken Between New York and New Jersey.

Letter of Dr. H. G. Norton.

For the purpose of renewing the mutual recognition of medical licenses in New Jersey and New York, Dr. Horace G. Norton, secretary of the State Board of Medical Examiners, has transmitted the following explanatory statement to the New York medical authorities:

"Your communication of June 23, in reply to mine of this 22d ult., in reference to the annulment of the reciprocal relations in medicine between the States of New Jersey and New York, has been duly considered.

"In reply, I am directed to advise you that this body feels that the board of regents of New York, in rescinding the reciprocity agreement between these States, under date of June 17, 1910, on your recommendation, acted without formal conferences with this board, or sufficient consideration of the subject, or due regard for the interests of the medical profession.

"This agreement was reached after long and thorough investigation of the medical statutes of both States, on October 16, 1906, and went into effect January 1, 1907. The medical statutes of New Jersey have not been lowered in any respect since that time.

"This board, therefore, requests that the annulment be reconsidered and the reciprocity agreement be renewed.

"This agreement has worked satisfacorily in the past. It is highly prized by the medical profession of both sides and promotes the interests of the States and of the profession.

"Knowing that the Medical Society of the State of New Jersey is opposed to endorsing the licenses of any State which refuses to endorse the licenses of New Jersey, the State Board of Medical Examiners on this day passed the following resolution:

"'Resolved, That on and after November 2, 1910, further endorsement of the medical licenses issued by the State of New York, will be discontinued, unless the agreement of reciprocity between the States of New Jersey and New York be renewed in the interim.'"

Statement by Professor J. B. Betts.

Since termination, a few days ago, of the reciprocal relations between the New York and New Jersey medical boards, several stories have been circulated as to the cause of the break, among them being one that the New York Board was dissatisfied because of lowering of the standard for preliminary training for a medical career here.

J. Brognard Betts, Assistant State Superintendent of Public Instruction, said that this statement was not accurate, although he admitted the existence of an unfortunate condition which was sought to be remedied by legislation last winter.

Mr. Betts said that there had been no lowering of the standards of New Jersey, the requirements as to a preliminary education being the same as heretofore.

Explaining the situation in detail, Mr. Betts said that under an act of 1903 certain academic standards were required as a prerequisite for candidates for medical licenses. These in substance require a four years' high school course, or its equivalent. The certificate of academic qualifications must be obtained from the State Superintendent at least ten days before taking the medical examinations.

The construction placed upon this law previous to last winter, said Mr. Betts, had always been that the academic studies should be completed before the study of medicine was begun.

This, he said, had seemed to be a reasonable construction of the law, since it would secure a degree of mental development and training, indicating that a candidate was fitted to take up the study of medicine. This is the requirement of the New York law.

Attorney-General Wilson has put a different construction on the law.

Mr. Betts said the New York authorities had also refused to continue the reciprocity relations unless provision was made for State inspection of high schools. Their contention in this regard was that, although the required standard of a high school might be demonstrated to exist at one time, the maintenance of that standard could only be determined by continued and authoritative inspection. For thus purpose Mr. Betts said no provision had been made by the Legislature and no funds are available for such inspections.

Reports of State Examining Boards.

	Exam'd.	Passed	Failed.
Arizona, April	7	4	3
California, April	90	73	17
Colorado, January	11	8	3
Colorado, April	6	4	2
Connecticut, March	19	14	5
Illinois, January	52	31	18*
Kansas, February	18	7	11
Louisiana, May	122	93	29
Maine, March	8	7	1
Massachusetts, March	74	37	37
Minnesota, April	18	16	2
Mississippi, April	192	59	133
Montana, April	48	38	10
New Jersey, June†	41	34	7
North Dakota, April	12	11	1
Rhode Island, April	9	4	5
Utah, April	4	3	1
West Virginia	22	17	5
Wisconsin, January	16	14	2

*Three did not complete examination.

†Five chiropodists were examined, one passed. There were 34 midwives examined, 18 passed, making a rejection of 53 per cent.

Reorganization of the State Board.

The State Board of Medical Examiners met at Trenton, July 7, and elected the following officers for the ensuing year: Dr. William P.

Watson, Jersey City, president; Dr. Horace G. Norton, Trenton, secretary, and Dr. Armin Vebelacker, Morristown, treasurer. The committee on legislation comprises Dr. Richard Barrington, Mount Holly, chairman; Dr. Charles E. Groves, Orange, and Dr. William Borden, Passaic. The board discussed the action of the New York board which had cancelled reciprocity relations with New Jersey because the latter was represented as not having adhered to the desired requirements as to preliminary education.

Public Health Items.

Board of Health Has the Power.

That the New Jersey State Board of Health has all power to force the establishment of a sewage disposal plant on a municipality is shown by the opinion of Justice Parker, filed in the suit of the city of Rahway against the State board to certiorari the notice to construct the sewage disposal plant.

The court disposed of the suit by saying that all of these powers resided in the State Board of Health, and this has a bearing on all municipalities which have not complied with the orders of the board, including Trenton, in the opinion of those who have seen the opinion.

Health Board to Have Better Code.

The State Board of Health met last month to pass on second reading, the new general health code affecting milk, meat and plumbing.

This ordinance is from a compilation of the best features of numerous codes in operation in various large cities in the East. It has already passed a first reading and hearings have been given all persons affected.

The board will now advance the measure to a point from which it may be forwarded to final passage at the next regular meeting.

New Cure for White Plague.

According to Dr. S. G. Dixon, of Philadelphia, State Commissioner of Health of Pennsylvania, the State Board of Health has completed experiments in the prevention of tuberculosis which will, in time, stamp out that disease entirely. The State body hopes that the same preventative may be used also as a cure for partially developed cases, but of this the experimenters are not certain.

These experiments have evolved a preparation something along the same lines as the lymph made famous by Dr. Koch some years ago, only about three times as powerful. This is to be used for the inoculation of both sexes when quite young. The Pennsylvania Health Board has been working along these lines for several years, and the first idea came from a discovery made by an obscure country physician.

State Commissioner Dixon will ask the State for a large appropriation to be used in the building of an institution in which the discovery can be applied with maximum results. If the discovery is all that is claimed for it, no amount would be too large to extend its work. —The Observer of Hudson County.

Gloucester City Board of Health.

The City Board of Health met July 18, at the City Hall, with large attendance of spectators.

Dr. John K. Bennett, health inspector, submitted a written report to the effect that he was glad to say that the city is entirely free of contagious disease. During the past month eleven complaints were received and acted upon and several have been abated and the others are under process of abatement.

Dr. Bennett read a very interesting paper on Food Poisoning, especially dwelling on meat and milk poisoning as the causes of much summer disease.

The following additional cases of anthrax were reported: A horse owned by Frank Tatem, a farmer living on the outskirts of Gloucester City, was taken sick with anthrax yesterday morning and died before night fall. Last week Mr. Tatem lost three cows from the disease and two more horses are infected, according to Dr. Thomas B. Rogers.

Flies Carry Anthrax.

Dr. Thomas B. Rogers, who is representing the State Board of Health, and Dr. John K. Bennett, inspector for the local Board of Health, coincide in the opinion that the horse which died Monday of anthrax, and also the two others that are infected, on the farm of Frank Tatem, were bitten by flies which carried the disease from the three cows that died a week ago on the same farm.

A pustule formed behind the right ear of the horse that died Monday, and Dr. Rogers believes that this was caused by a fly biting the horse behind the ear. Dr. Rogers still insists that Little Timber Creek is polluted with germs of the disease, and advocates the removal of the slaughter-house along that stream.

He went to the Kelly farm, located along the stream, yesterday, and inspected a cow that was taken sick and which is believed to have anthrax.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, June, 1910.

The number of deaths reported to the Bureau of Vital Statistics for the month ending June 10, 1910, was 2,977. By age periods there were 449 deaths among infants under one year, 247 deaths of children over one year and under five years, and 927 deaths of persons aged sixty years and over.

The number of deaths from cancer shows a decided increase, and, with one exception, is the highest number recorded for one month during the past four years.

Deaths from typhoid fever, diphtheria, infantile diarrhœa and suicide are below the average for the previous twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1910, compared with the average for the previous twelve months, the average in each disease or class of diseases being given in parentheses:

Typhoid fever, 20 (24); measles, 19 (15); scarlet fever, 33 (25); whooping cough, 27 (21); diphtheria, 49 (53); malarial fever, 3 (2); tuberculosis of lungs, 315 (301); tuberculosis of other

organs, 52 (60); cancer, 163 (140); diseases of nervous system, 355 (360); diseases of circulatory system, 354 (358); diseases of respiratory system (pneumonia and tuberculosis excepted), 220 (224); pneumonia, 254 (259); infantile diarrhœa, 69 (197); diseases of digestive system (infantile diarrhœa excepted), 176 (193); Bright's disease, 237 (218); suicide, 30 (35); all other diseases or causes of death, 601 (635); total, 2,977 (3,120).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 260; tuberculosis, 323; typhoid fever, 216; malaria, 21; miscellaneous, 37; total, 857.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending June 30, 1910, 654 samples of food were examined in the State Laboratory of Hygiene.

Of the 47 samples of spices, all but one were found above standard, as were all samples of chocolate, cream and molasses.

There were found below standard 47 of the 567 samples of milk, 4 of the 9 of butter and the one sample of lemon extract.

Suits were entered for adulteration as follows: 18 for milk, 2 for butter and 1 for lemon extract adulteration.

Division of Creameries and Dairies.

Dairies Inspected.

During the month 221 dairies were visited, and the following shows the counties in which the inspections were made, the number of dairies awrded 60 per cent. and over, and the number below 60 per cent. The first column of figures below gives the number of dairies inspected and the second and third columns the number above and below 60 per cent. of the perfect mark respectively:

County.	Inspected.	Above.	Below.
Bergen	1	0	1
Burlington	29	10	19
Essex	8	0	8
Hudson	3	0	3
Middlesex	5	3	2
Monmouth	69	30	39
Morris	16	2	14
Ocean	1	1	0
Passaic	82	31	51
Somerset	6	4	2
Sussex	1	1	0
Totals	221	82	139

Number of dairies, first inspection, 200.

Number of dairies, reinspection, 21.

Number of water samples collected from dairy premises, 11.

Inspections were made at the request of the following local boards of health: Asbury Park, Burlington, Newark, New Brunswick, Paterson and Summit.

Creameries Inspected.

Sixty-five creamery inspections were made during the month, as follows: Allentown 2, Barley Sheaf, Bevans, Bridgeville, Broadway, Camden 8, Clove, Colts Neck 2, Delaware, Franklin Park, Glenwood, Great Notch, Hackensack 3, Hoboken 2, Hope, Irvington, Jersey City 2, Little Falls, Newark 13, New Brunswick, New Germantown, Passaic 4, Paterson 2, Pemberton, Pottersville, Trenton 7, Washington 2, West Portal, Woodruff's Gap.

Number of creamery licenses recommended, 9.

Twenty-six new creameries are included in the 65 reported above. Of these, 20 are plants in which ice cream is manufactured for wholesale. In 14 of them, the proprietors have applied for a license, but in only 8 cases have licenses been issued. Further investigation will be necessary before licenses can be recommended for the others.

During the month ending June 30, 1910, 101 inspections were made in 64 cities and towns.

The following articles were inspected during the month, but no samples were taken: Milk 738, butter 412, foods 623, drugs 70.

Other inspections were made as follows: Milk wagons 566, milk depots 48, grocery stores 297, drug stores 9, milk cans 295, meat markets 7, confectionery stores 5, bottling establishments 26, slaughter-houses 1.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory 129, as follows: Public water supplies, 65; dairy wells, 15; spring waters, 6; State institution supplies, 2; private wells, 26; creamery wells, 2; ice supplies, 4; sewage samples, 6; miscellaneous, 3.

Inspections.

Public water supplies inspected at Merchantville, Haddonfield 2, Cranford, Perth Amboy, Runyon, Westfield, Roselle, Rahway.

Sewage systems inspected at Moorestown, Merchantville, Overbrook, Newark City Home, Esesx Fells, Asbury Park, Plainfield, Westfield, Cresskill, Princeton, Ridgewood, I. O. O. F. Home, Trenton, Riverside, Burlington 2, Roebling, Bordentown, Delford, Medford, Haddonfield, Asyla, N. J., State Hospital, Trenton.

Special inspections at Jamesburg, Dover, Reeders, Pa., Gouldsboro, Pa.; Tobyhanna, Pa.; Phillipsburg, Elizabeth, Newark, Cranford, Asbury Park. Stream inspection on Peters Brook, Lawrence Brook, Hackensack River, Peckman River, Overpeck Creek, Rockaway River, Shrewsbury River, Deal Lake, Passaic River, Delaware Bay and Delaware River.

Plans for sewage systems approved, 4.

Persons summoned before the board, 10.

Persons ordered to cease pollution, 17.

Pollutions reported, 56.

Reinspections made, 49.

Abatements reported, 29.

Cases referred to the Attorney-General, 1.

One of the interesting events of the month is the starting of a suit against the city of Trenton, under Chapter 253, Laws of 1909, to compel the purification of the city's public water supply. Affidavits submitted show without doubt that the supply is polluted. Under the law quoted, the State Board of Health has the right to institute suit in the Court of Chancery against the offending municipality with a view to obtaining court orders relative to the installation of a water purification plant.

It may be noted that a greater number of public water supplies is being analyzed each month. The public is beginning to realize the value of the State Board of Health having supervision of these supplies as the numerous queries regarding public supplies show.

OFFICIAL TRANSACTIONS.

Minutes of the Proceedings of the Medical Society of New Jersey, at Its 144th Annual Meeting, Held at the Hotel Chalfonte, Atlantic City, June 28-30, 1910.

FIRST DAY.

Tuesday, June 28, 1910.

Morning Session, 10:30 O'clock.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 11:05 A. M., by the President, Dr. Benjamin A. Waddington, of Salem.

REPORT OF THE COMMITTEE ON CREDENTIALS.

The chairman of this committee, Dr. Harry A. Stout, of Wenonah, not being in the room, the report was deferred, Dr. William J. Chandler, of South Orange, the secretary of the society, reporting for the committee that twenty delegates from four different counties being present and constituting a quorum, the society could proceed to business.

READING OF THE MINUTES.

Dr. David C. English, of New Brunswick, made a motion that the reading of the minutes be dispensed with, and that they be approved as printed in the Journal. The motion was seconded and carried.

REPORT ON PERMANENT DELEGATES.

This report was presented by the secretary as follows:

To the Medical Society of New Jersey:

One of the duties of the recording secretary is to keep a record of the permanent delegates, to report to the Medical Society of New Jersey each year which component societies are entitled to additional delegates and the number of such delegates, and also to report the names of all such delegates as shall have forfeited their membership during the year.

We had on our roll of permanent delegates at the close of the last meeting the names of three who have since died—Thomas S. P. Fitch, of Orange; Thomas N. McLean, of Elizabeth, and Calvin Anderson, of Madison. The recording secretary of the Medical Society of New Jersey has been officially notified by the secretaries of the component societies of Essex, Union and Morris of these deaths, and in accordance with the by-laws has authorized them to elect nominees to fill the vacancies.

Dr. Ellsmore Stites has removed from Cumberland County, and has lost his membership in that component society. His name will after this announcement be dropped from the roll, and the component society of Cumberland at its next annual meeting will be entitled to select a nominee for the vacancy, provided its membership shall then warrant.

The following component societies are entitled to present candidates for election at this meeting: Bergen, Burlington, Camden, Essex, Hudson, Passaic and Union.

The election of the following nominees was laid over from the last meeting: Howard McFadden, Hackensack; James W. Procter, Englewood; William P. Melcher, Mt. Hollly; William Buerman and Jesse D. Lippincott, Newark; Henry H. Brinkerhoff and Henry Spence, Jersey City; Ralph R. Jones, Toms River and Francis H. Todd, Paterson.

The election of these candidates was deferred last year because their credentials were not presented to the committee. The recording secretary has many times recommended that all nominees obtain credentials in duplicate, and forward one copy to the recording secretary of the Medical Society of New Jersey, so that any error can be corrected, and in case of absence of the nominee the credentials can be presented and the election proceed in regular order. The presence of the nominee at this meeting, while always desirable, is not essential to his election, but the presentation of proper credentials is an indispensable prerequisite to the election of every nominee.

Many of you will remember the time consumed last year in balloting for the two candidates from Essex County, and which finally resulted in laying the matter over until this year, with the desire expressed that Essex County should decide which one of the two candidates it would prefer to present. Acting on this suggestion, the Essex County Society at its annual meeting decided to present the name of William Buerman, of Newark, as its nominee. Essex County also presents the name of Jesse D. Lippincott to fill the vacancy created by the resignation of Herman C. Bleyle; and the name of Linn Emerson, of Orange, to fill the vacancy created by the death of Thomas S. P. Fitch, of Orange.

Union County presents the name of Theodore F. Livengood, of Elizabeth, to fill the vacancy created by the death of Thomas N. McLean.

Bergen County presents the name of John E. Pratt, of Dumont, to fill the vacancy created by the resignation of David St. John, of Hackensack.

The election of Ralph R. Jones, of Toms River, was laid over from last year. Unfortunately the membership of Ocean County has fallen off, and its basis of representation this year does not entitle it to another permanent delegate. Whether his name should be dropped from the list of nominees, or his election deferred until such time as the membership of Ocean County Medical Society shall entitle it to an additional permanent delegate, is a matter for this society to decide.

Respectfully submitted,

William J. Chandler,
Recording Secretary.

It was moved and seconded that the report be adopted as read. Carried.

REPORT OF THE COMMITTEE ON CREDENTIALS.

To the Medical Society of New Jersey:

As chairman of the Committee on Credentials, I take great pleasure in presenting the names of the following gentlemen as delegates from sister medical societies: Dr. Henry Ling Taylor and Dr. William H. Leszynsky, from the New York State Medical Association, and Drs. J. Torrance Rugh, Alexander R. Craig and Melvin H. Franklin, of the Pennsylvania State Medical Association.

I would also report that the following nominees for permanent delegates have presented certificates in proper form: William P. Melcher, Mt. Holly; William Buerman, Newark; Jesse D. Lippincott, Newark; Linn Emerson, Orange; Ralph R. Jones, Toms River; Theodore F. Livengood, Elizabeth.

The registration thus far is much larger than usual, and indicates the largest attendance in the history of the society.

Harry A. Stout, Chairman.

It was moved and seconded that the report be received. Carried.

ELECTION OF PERMANENT DELEGATES.

Dr. Chandler made a motion that the society proceed to the election of permanent delegates and that all the nominees for permanent delegates who had presented credentials to the society, as read by the chairman of the Committee on Credentials, be elected, except Dr. Ralph R. Jones, of Toms River, whose name should be especially acted on by the society. This elicited some discussion as to whether Dr. Jones should be made a delegate or not, his county society (Ocean) having lost in membership so that it was now not entitled to two permanent delegates. It was finally decided that he was eligible to election, since Ocean County Society was entitled to an extra delegate at the time of his nomination one year ago and his election had been laid over for action at this meeting. It was moved and seconded that the secretary be instructed to cast a ballot for the election of all those who had presented proper credentials, including Dr. Jones. The motion was carried. The secretary cast the ballot, and they were declared elected.

Dr. H. Genet Taylor, of Camden, the chairman of the Committee on Honorary Membership, announced that this committee had no report to make.

Dr. Claudius R. P. Fisher, of Bound Brook, stated that Dr. John P. Hecht, of Somerville, chairman of the Committee on Business, had been unavoidably detained, and had asked him to report that no matters of business had been referred to the committee, so that there was no report to make.

REPORT OF THE COMMITTEE ON PROGRAM.

To the Medical Society of New Jersey:

The Committee on Program has prepared the usual number of programs and has mailed about 2000 copies to physicians, societies, &c., in this and other States.

The issuing of the programs was rather late this year owing to a delay in getting data from the Committee on Scientific Work.

In the consequent haste of preparing copy for the printer and revising the proof, one serious omission occurred. The name of our honored third vice-president was accidentally omitted from the list of officers of this society. This was not observed by the different proof readers until after the programs had been mailed. The committee expresses to Dr. Wilson and to this society its deep regret for the error, and trusts that it may be forgiven for this sin of omission.

Respectfully submitted,
Wm. J. Chandler, Chairman
Alexander McAlister,
Frederick F. C. Demarest.

It was moved and seconded that the report be received and take the usual course. Carried.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

To the Medical Society of New Jersey:

Gentlemen:—

The Committee on Scientific Work would most respectfully submit the following report:

We find that the reporters of many component societies are derelict in their duties, or else their respective societies do not display sufficient interest in the current yearly proceedings and happenings to discuss the same, or if discussed, to take any decided action. This committee notified the reporters of each county society of the existence and provisions of Chapter VII of the By-laws. Hudson, Hunterdon, Cumberland, Gloucester, Camden, Salem, Warren, Burlington, Sussex, Essex and Mercer responded. Atlantic reported June 13th. Morris, Ocean, Passaic, Somerset and Union have made no report.

It has been suggested to this committee and it is our concurrence that the Committee on Publication should be more liberal in the distribution of reprints and the furnishing of cuts to the authors of papers. It would be a decided step in advance for the furthering of our Journal as a choice of publication.

The many legal questions and their decisions have been so ably handled by the Committee on Public Hygiene and Legislation that they need no comment by us at this moment.

The Committee on Scientific Work are finding it more difficult each year to obtain suitable papers for these annual meetings. There are two main reasons: the great lack of interest shown by the members present and the unfortunate custom of so many leaving the room between the reading of papers. In the majority of instances there is scarcely a corporal's guard in attendance as an audience.

You seem to forget that the preparation of a paper for presentation before this society involves many hours of tedious labor, entails considerable expense and requires extensive research. It is indeed very discouraging to have

prepared such a manuscript and then to be received by our oftentimes, unappreciative audience.

The writers of papers and this committee object to the manner of selecting the positions upon the program. This committee is compelled to begin searching the State for papers five or six months in advance of these meetings. This year we notified the presidents of each county society in January, that we desired a paper from his county, preferring a member who had not contributed in the past two or three years. Few presidents canvassed their county, some replied that there were no members who cared to present a paper, others who made no reply at all, and one who did not know that there was an Annual State Meeting, and asked information as to its purpose, custom and requirements.

As the time approached for this meeting, this committee was compelled to search diligently for good material and in many instances we were met with opposition because of our failure to assure the contributor of a satisfactory position upon the program.

The committee are of the opinion that those who are contributing yearly, or who announce their contributions about the time the program is complete, and even after it has left the hands of this committee, should not be given the positions of choice.

At present the Committee on Scientific Work have no voice in the arrangement of the scientific portion of the program. This matter is left to the discretion of the Program Committee. We notified the Program Committee of our wishes as heretofore stated, but our inspection of the program indicates that our request was forgotten. We earnestly ask this matter to be acted upon by this House of Delegates, and that power for the arrangement of the scientific portion of the program be made the duty of the Committee upon Scientific Work, either alone or in conjunction with the Program Committee.

It is not our purpose to contest the prerogatives or to curtail the work of the Committee on Program, but we earnestly believe that better results will accrue to this society when such a change is made.

We desire to thank those members who have assisted us in this presentation of our literary work, and they may rest assured that this society appreciates the efforts that have been made.

J. M. Rector,
Chairman, Committee on Scientific Work.

Dr. Rector then remarked that he thought Dr. Chandler was mistaken in stating in the report of the Committee on Program that the Committee on Scientific Work had been late in sending him the needed information for the program, it having been sent thirty days prior to the annual meeting, in accordance with the by-laws. Apropos to the suggestions of his report, Dr. Rector wished to offer the following amendments to the by-laws:

Be it Resolved, That Section 3, Chapter IX of the by-laws be amended to read as follows:

That after the word "years":— It shall be the duty of this committee, in conjunction with the Committee on Scientific Work, to prepare and issue a program announcing the order in which the papers and discussions shall be placed. They shall see that all matters of business are to be presented and arranged. The Committee on Scientific Work, to act in conjunction with the Program Committee thirty or more days before the annual meeting.

That Section 5, Chapter IX of the by-laws be amended to read as follows:

That after the words "time to time" substitute the word "to" for the word "and".

That after the word "elect":— And in conjunction with the Committee on Program prepare and issue a program, announcing the order in which the papers and discussions are to be presented, and to meet with the Committee on Program at least thirty days before the annual meeting.

Dr. Chandler moved that the report of the Committee on Scientific Work be received. The motion was seconded.

Dr. Chandler said that he desired to make a few remarks in explanation and correction of the statements made in this report. He said the by-laws require the Committee on Scientific Work to "report to the Program Committee at least thirty days before the annual meeting." There is nothing in the by-laws to prohibit the sending of data before that time, and previous committees had been in the habit of sending in such data as they might have in hand several weeks before the final limit, in order that the Program Committee might begin its work and have the first proofs of the program started. This saves time. He had repeatedly written to Dr. Rector for such data (titles of papers, writers, etc.) as had already been received by the Committee on Scientific Work, but that no reply whatever had been made to these requests until Dr. Rector made his final report, which was received several days after the prescribed limit. The Program Committee was always glad to receive any suggestions as to the arrangement of the papers and desired to consult the wishes of writers as far as possible. That this year, after the program had gone to the printer, Dr. Rector desired one paper moved from the second day to the first day to accommodate the reader. This change was made. Subsequently a change of place was desired for another writer, but it could not be made, as the program was in press. The neglect of the chairman of the Committee on Scientific Work to furnish data had seriously disturbed the work of the Program Committee and materially delayed the issuing of the programs.

Dr. Rector said that he had himself placed the report in the mail box on the night of May 28th and that he did not know

why Dr. Chandler had not received it sooner.

Dr. Chandler said that the letter was postmarked "Jersey City, 10:30 P. M., May 31st," and was received the next day, June 1—several days later than the required date—which, as he had written to Dr. Rector, did not allow the Program Committee sufficient time to classify and arrange the papers, get the copy to the printer, receive the proof, send it out for correction, send back the revised proofs, etc., etc., and finally issue the programs.

Dr. David C. English said that his great regret was that the delay in getting the data had prevented the printing of the customary preliminary program in the Journal, which goes to press on the 28th of the month.

After a little further discussion the motion to receive the report of the committee was passed.

REPORT OF THE JUDICIAL COUNCIL.

Dr. William H. Iszard, chairman, of Camden, presented the reports of five councilors and the minutes of their meetings.

FIRST DISTRICT.

East Orange, N. J., June 20, 1910.
Dr. William H. Iszard, Chairman.

Herewith I render my report as Councilor for the First District:

All the societies in the district are in good working condition. All have displayed great interest in the questions brought before them, coming from the Judicial Council. All took action looking to active work in helping along legislation at Trenton and Washington. Morris and Essex, in particular, had each an exceedingly earnest legislative committee.

Morris and Essex held a number of extra meetings. Morris held three, Essex determines the number for the ensuing year at each annual meeting. Warren held two special meetings. All of these meetings are principally scientific in character, but there is no doubt but what the frequent gatherings develop the social side as well, and the members of those counties holding extra meetings are in closer touch with each other, than are those in the society which hold but one meeting a year.

Morris, Sussex and Warren also held tri-county meetings, which were always interesting and enjoyable.

In none of the counties is there now any contract work being done.

Morris County took action, which it would be wise for all societies to take. The action consisting in sending notice to the various insurance companies that, in future, no proof of death emanating from the company, would be filled out unless a fee for the same accompanied the blank form.

In all the counties free criticism is made of the small fee offered, for the examination required, to medical inspectors of schools.

At the suggestion of the councilor, Morris, Essex and Warren will send their secretaries to the State Society at the expense of the county, for a conference with the council on the good and welfare of component and State societies. Sussex County has empowered one of its delegates to represent the county at the conference. Personally, I feel that the county societies should do this every year. The secretary is the one hard working member of the society, and it would be but a slight recognition of his work.

Essex County has been the first to receive the benefit of the Medical Defense Act. That it is the State Society behind the two physicians, against whom the blackmailing suit was brought, that has changed the attitude of the complainants from beligerency to a pleading for a ridiculously small compromise amount, I am not ready to assert; but I believe it has been a large factor in bringing this change about.

In membership, Essex County has increased twenty during the year; Sussex, three. Warren has neither gained nor lost, but took action at its annual meeting, which will undoubtedly bring in new members. Morris has lost two, one by death, one by transfer, but has under consideration applicants, action on whom will be taken at the September meeting of the society.

In September, 1909, I sent a circular letter to every unaffiliated practitioner in the district, urging him to join the county society, and notified the secretaries of the several counties of my action. Up to date, I know of but one physician having joined because of this appeal. This has not discouraged me, for I believe a majority of these physicians can be reached by definite, concerted action on the part of the council and of a Committee of Good and Welfare of the county society. I am hoping much in this direction from the conference with the secretaries.

During the year I have made four visits to Morris County, two to Warren and one to Sussex, and have attended all the meetings of the Judicial Council.

Yours truly,
Thomas N. Gray,
Councilor for the First District.

SECOND DISTRICT.

June 25, 1910.

Dear Doctor Iszard:

As councilor of the Second District, I desire to report as follows: I have visited all the soceties under my supervision, excepting the Hudson County Society. In Passaic, Bergen and Union Counties I found a very flourishing condition of affairs. All the propositions of the Judicial Council have been fairly well acted upon. All the county societies have taken an active interest in the tuberculosis problem, and good results regarding both the prevention of the disease, and the care of tuberculosis sufferers by their communities, have been reported. I find throughout my district a growing sentiment towards better co-operation among the members. I also find a growing sentiment towards the reception of homeopathic physicians into the county societies. There still exists among some of the members of the component societies a certain apathy in matters of general State interest, and I suggest that in the coming year some special efforts be made to interest a larger number of members in the affairs and interests of the State Society.

Edward F. Denner, M. D.

THIRD DISTRICT.

Trenton, N. J., June 13th, 1910.

Wm. H. Iszard, M. D.
Chairman Judicial Council.

Dear Dr. Iszard:

The councillor from the Third District desires to report that he has visited the Hunterdon, Somerset and Mercer County societies and would have attended the annual meeting and banquet of the Middlesex County Society but for a misunderstanding as to the time of departure of railway train.

The following three questions were submitted to the secretaries of the four societies comprising the third councillor district:

First—Does your society favor the present law which requires that birth returns be made within five days?

Second—Has your society taken any decided action in regard to the so-called "contract practice?"

Third—Does your society favor the proposed change of date of the meetings of the State Society from June to September?

Somerset replied that it had not taken any action expressive of an opinion regarding the registration of births. That it had not taken any decided action within the past three years regarding contract practice, but that some action had been taken prior to that time. It is in favor of holding the meeting of the State Society during June.

The Somerset County Society has held five regular meetings during the past year, one of which was held at the State Village for Epileptics at Skillman. Papers were read at these meetings by distinguished physicians of New York, as well as by local members. Two new members were added during the past year. At the last meeting held during the present month a resolution was adopted endorsing the action of Dr. Halsey at the last session of the Legislature. Also an appropriate minute was adopted concerning the death of the late Henry M. Weeks, M. D.

Middlesex County reports that it has taken no action as to the registration of births. That "contract practice" has not been discussed. That it favors June as the time of holding the meetings of the State Society. It also states that at the annual meeting resolutions were adopted condemning the Governor's attack upon Dr. Halsey.

Mercer County has not discussed the time of making birth returns. Contract practice was practically abolished several years ago and no member of this society is at present engaged in this work. Mercer County Society does not favor the change of date of the meetings of the State Society from June to September.

Hunterdon County always holds interesting meetings and its members are without exception active, industrious and studious. It is opposed to "contract practice," but thus far has expressed no opinion on date of meetings of the State Society nor the registration of births.

Respectfully submitted.

William A. Clark,
Councillor Third District.

FOURTH DISTRICT.

Camden, N. J.. June 28th, 1910.

In reporting for the Fourth District (comprising the counties of Burlington, Camden, Monmouth and Ocean), I desire to say that everything is harmonious so far as I know, and a quietly growing interest is appreciable. I am, however, obliged to say that I have not attended any of the meetings of the Monmouth and Ocean County societies by reason of not receiving any notice of time and place of meeting. My visits to Burlington County Society are always pleasurable and profitable. They always have at least two well-selected papers prepared and read by prominent members of the profession. At their last meeting they had an exceptionally interesting paper on the X-ray treatment, presented by an expert from Philadelphia.

Camden County has four meetings annually. The February meeting is held in the evening and well attended by the wives, daughters and sisters of the members. After a brief session of the society, the evening is spent in social intercourse, singing, refined vaudeville and one or two addresses. At our last February meeting, Dr. Daniel Strock, secretary of the society and second vice-president of the State Medical Society, gave us a very interesting and instructive talk on Halley's comet; Dr. H. H. Sherk, the reporter of the society, delightfully addressed the audience on the subject of "Women in Medicine," and the Rev. Charles Ogden entertained the society on the subject of "The Middle Man."

We had the pleasure of the presence of Dr. William J. Chandler, secretary of the State Medical Society, and a number of prominent members of adjoining societies.

At the last regular meeting of Camden County Society, Dr. H. F. Palm, ex-president of the society, read one of the most interesting and pointed papers ever read before the society, entitled "The Burning Question." The respect he paid to contract society doctors of the Mooses, the Owls, the Eagles, the Buffaloes and some other members of Noah's family was masterly and received the wildest applause and approval.

This district is strongly in favor of the bill to establish a National Department of Health, and have forwarded resolutions to our Senators and Representatives in Congress to that effect.

Respectfully submitted,

William H. Iszard,
Councillor Fourth District.

FIFTH DISTRICT.

Newbold, N. J., May 11, 1910.

Dr. William H. Iszard,
Chairman of the Judicial Councillors
of the Medical Society of New Jersey.

Dear Doctor:

I herewith submit to you the following as my annual report for the Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem counties).

It is with pleasure that I report the continued and active interest taken by the members of the societies comprised within this district.

The meetings are well attended, the topics discussed are those bearing upon the problems met with in the daily routine of general practice, the tendency being toward the more practical papers, as being more helpful to the general practitioner.

The reporters of the various societies have been furnishing our Journal with full and complete accounts of their meetings, and sending in the more important papers for publication.

All the societies of this district have taken action favoring the proper compensation of those looking after the medical inspection of the schools. Such action was rendered necessary by the action of the local school boards, in asking for bids for this work, and in many instances peddling out the appointment to the lowest bidder. This is a matter that the State Society should take under discussion.

The societies of this district (Atlantic City excepted) are opposed to any change of time for the annual meeting of the State Society.

Some of the societies of this district have fallen into line with the policy of the American Medical Association and the State Society, in reference to admitting all legally qualified physicians to membership, but some of the societies are still opposed to any such action.

The interchange of delegates among the county societies is a practice to be earnestly commended as tending to increased interest, better work and larger attendance at the meetings, to say nothing of the good fellowship engendered.

Respectfully submitted,

James Hunter, Jr.

The Judicial Council met at Cape May June 23, 1909, at which meeting the following members were present: William H. Iszard, Thomas N. Gray, Edward F. Denner, James Hunter, Jr., William A. Clark.

At this meeting the following organization was effected: William H. Iszard, chairman; William A. Clark, secretary.

The excuses of Dr. George E. Reading, of Gloucester, and Dr. David Warman, of Trenton, did not reach the council until after the adournment of the society.

Respectfully submitted,

Wm. H. Iszard,
Wm. A. Clark,
Edward F. Denner,
James Hunter, Jr.,

Trenton, N. J., October 21, 1909.

The Judicial Council met on this date at the office of Dr. William A. Clark, Trenton; Drs. William H. Iszard (chairman), Thomas N. Gray, James Hunter and William A. Clark (secretary) being present.

The minutes of the first meeting of the new Judicial Council appointed at the annual meeting of the Medical Society of New Jersey at Cape May, June 24th, 1909, were read and approved. On motion the excuses for absences from annual meetings of the State Society presented by Drs. George Evans Reading and David Warman were accepted. The proposed "New Medical bill" was read by Dr. Gray and discussed. On motion of Dr. Hunter, seconded by Dr. Gray, the secretary was requested to ask Dr. Halsey to send a copy of this bill to secretary of each component society and that the councillors urge upon each component society their earnest support of this bill.

The subject of medical inspection of public schools was opened by Dr. Hunter and discussed. On motion of Dr. Gray, Dr. Hunter was appointed a committee of one to obtain all the information possible concerning the State law relative to the inspection of public schools and report at a subsequent meeting. The following resolution was adopted:

Resolved, That in the opinion of the Judical Council, the law which went into effect October 1, 1909, requiring physicians to report cases of childbirth within five days, is impracticable and will result in inaccuracy, in that in the great majority of reports the infant will be unnamed.

Resolved, That the State Society be recommended to take action looking to the repeal of this law.

It was moved by Dr. Hunter and carried, that each councilor secure the opinion of each county society in his district, relative to the change of time of holding the annual meetings of the State Society from June to September as proposed by the Atlantic County delegation at the annual meeting of the State Society at Cape May, June, 1909, and ask the secretaries of the county societies to report to their respective councilors. It was moved by Dr. Hunter and seconded by Dr. Gray, that the Judicial Council place itself on record as approving the amendment to the constitution adopted by the Medical Society of New Jersey at its session of 1909. The amendment is as follows:

Amend Chapter XV. of the by-laws by striking out the subject matter of Section 4, and inserting the following:

"Each component society shall judge of the qualification of its own members, but as such societies are the only portals to the Medical Society of New Jersey and to the American Medical Association, it is recommended that every reputable and legally registered physician shall be deemed eligible to membership in a component society, provided that an active member in one component medical society shall not be eligible to active membershp in any other component society at the same time."

The resolution was adopted. It was moved by Dr. Gray and the motion carried, that the attention of the county societies be directed to the pernicious evil of "contract practice," and urge those societies which have not already done so to take action in this matter forthwith.

Adjourned.

W. A. Clark, Secretary.

The Judicial Council met at the office of Dr. William A. Clark, Trenton, on November 11th, 1909, at 4 P. M.

All present except Drs. Denner, Hunter and Clark. It was resolved that Drs. Gray and Denner be appointed to meet and confer with the committee from the trustees in the selection of counsel for the defence of Drs. Bingham and Bradshaw in the suit brought against them for malpractice.

It was also resolved that the president, secretary and members of the Judicial Council join in extending to Dr. Hunter, our associate member, our sincere sympathy for him in his extremely sad bereavement.

W. A. Clark, Secretary.

Trenton, N. J., March 7th, 1910.

The Judicial Council met at the office of Dr. William A. Clark at 4 P. M. Present, Drs. Iszard, Hunter, Denner, Gray and Clark.

The minutes of the last meeting were read and approved.

The new medical bill was discussed. The council being already on record as endorsing the bill now before the Legislature as devised by the Committee on Legislation, no further action was taken.

Dr. Gray reported that Dr. Denner and himself as committee from the Judicial Council

had met Drs. Kipp, English, Chandler and Sproul, committee appointed by the trustees to retain counsel to defend Drs. Bingham and Bradshaw. The joint committees then appointed Dr. Kipp from the trustees and Dr. Gray from the Judicial Council, with authority to expend not to exceed $250 in securing such counsel. Edward M. Colie, Esq., of Newark, N. J., was retained for this purpose.

The subject of vital statistics in its relation to the length of time allowed in which to make birth returns was taken up for discussion, but no action was taken other than to request the secretary to obtain from each county society its opinion on this matter.

In regard to the change of date of the annual meetings of the State Society from June to September the following reports were received:

First District—Favors present date.

Second District—No action taken by Passaic; Hudson favors present date.

Third District—No action taken.

Fourth District—Desires no change of date.

Fifth District—Favors present date.

Contract Practice—Essex and Mercer counties had taken decided action against it. No action was reported from other districts or counties. Dr. Iszard reported that the general sentiment through the State was against contract practice. Dr. Gray introduced the question as to whether or not the State Society, on account of its large membership, should not be divided into sections and moved that the council bring before the State Society at its next meeting the tentative proposition that the State Society hereafter meet in sections. The motion was seconded by Dr. Denner and adopted.

The council then adjourned to meet the night before the next annual meeting of the State Society at Atlantic City.

Wm. A. Clark, Secretary.

The Judicial Council met at the Hotel Chalfonte, Atlantic City, Monday, June 27th, 1910, at 8:30 P. M. Present, Drs. Iszard, Hunter, Denner, Gray and Clark. The following permanent delegates presented excuses for absences which were approved and accepted:

Dr. James Douglas, Morristown; Dr. J. A. Exton, Arlington; Dr. William J. Schauffler, Lakewood; Dr. T. Y. Sutphen, Newark.

The minutes of the last meeting were read and approved. Dr. Gray moved that the question of presenting to the State Society the proposition to meet hereafter in sections be dropped. The motion was seconded by Dr. Hunter and carried. Dr. Gray suggested that the report of the Judicial Council should make reference to the modification of the law concerning school inspection, and also the public health measure now before Congress. Dr. Bingham sent through Dr. Gray his thanks for the interest of the council in employing counsel for his defence. The council then adjourned.

Wm. A. Clark, Secretary.

It was moved and seconded that the report be received. Carried.

Dr. Harry A. Stout, as corresponding secretary, wished to report that the duties of his office had been very light and that he had endeavored to comply with all of the official requirements.

REPORT OF THE COMMITTEE ON PRIZE ESSAYS

To the Medical Society of New Jersey:

The Committee on Prize Essays begs to report:

1.—That Ophthalmia Neonatorum was selected as the subject of the essay.

2.—That but one essay had been received.

3.—That this essay was considered of sufficient merit to be awarded the prize of one hundred dollars.

4.—That the name of the writer is enclosed in this sealed envelope, which I now hand to the president of this society to open.

Chas. J. Kipp, Chairman.
David C. English,
Stephen Pierson.

It was moved and seconded that the report be received. Carried.

The president of the society opened it and found the name to be that of Dr. Elbert S. Sherman, of Newark.

REPORT OF COMMITTEE ON OPHTHALMIA NEONATORUM.

The Committee on Ophthalmia Neonatorum appointed at the last annual meeting, beg leave to report that at the request of your committee and the aid of the Attorney-General's office, an amendment to an act entitled "An act for the prevention of blindness in the State of New Jersey," approved March 11th, one thousand eight hundred and ninety-five, was introduced in the Assembly by Dr. Ramsay, passed by both houses and approved by the Governor. In its amended form the law now reads as follows:

Chapter CXVIII., Laws of 1895.

An Act for the prevention of blindness in the State of New Jersey.

1. Be it enacted by the Senate and General Assembly of the State of New Jersey, That should one or both eyes of an infant become inflamed, swollen or reddened, or show any unnatural discharge at any time within two weeks after its birth, and no legally-qualified practitioner of medicine be in attendance upon the infant at the time, it shall be the duty of the midwife, nurse, attendant or relative having charge of such infant to report the fact in writing within six hours, to the local board of health of the city, township or other municipality in which the parents of the infant reside.

2. And be it enacted, That the said local board of health shall direct the parents or persons having charge of such infant suffering from such inflammation, swelling, redness or unnatural discharge of the eyes to immediately place it in charge of a legally qualified practitioner of medicine, or in charge of the physician of the city, township or other municipality if unable to pay for medical services.

3. Every local board of health in the State of New Jersey shall furnish a copy of this act to every legally qualified practitioner of medicine and to each person who is known to act as a midwife or nurse in the city, township or other municipality for which such board of health is appointed, and the Board of Health of the State of New Jersey shall cause a sufficient number of copies of this act to be printed

and supply the same to each local board of health of this State for distribution.

4. Any person violating any of the provisions of this act shall be liable to a penalty of fifty dollars, to be recovered in an action of debt by the local board of health of the municipality in which the violation occurs.

3. This act shall take effect immediately.

Approved April 8, 1910.

The Legislature also enacted a supplement to an act to regulate the practice of midwifery in the State of New Jersey (Chapter 280, Laws of 1910). Among the causes for refusal or revocation of license is failure to secure the attendance of a reputable physician in case of inflammation or discharge from the eyes of the new-born infant.

We are informed that the State Board of Health is preparing a circular for distribution among physicians and midwives, explaining the nature, cause and prevention of ophthalmia neonatorum.

The State Board of Health of the State of New York now requires that all certificates of birth be filed within thirty-six hours after the birth of the infant, and also requires that on the certificate it shall be stated whether or not a prophylactic was used for the prevention of ophthalmia neonatorum, and, if not, why not.

It seems to us that such a reminder of the need of prophylaxis might be welcomed by many practitioners, and we would suggest to the State Board of Health to give it a trial in this State.

Although ophthalmia neonatorum is by no means seen as often now as it was years ago, cases still occur now and then in private practice among all classes of people, which shows that prophylactics are not in very general use, and we would, therefore, again urge upon the members of this society to make it a practice to use some reliable prophylactic at least in every case which is not entirely above suspicion. The State Board of Heath of the State of New York now distributes free of charge to all physicians and midwives who apply for it and pledge themselves to use it—a small quantity of a 1 per cent. solution of nitrate of silver.

We have no doubt that should our State Board of Health apply to the next Legislature for an appropriation to do the same here, it would be granted and we would recommend that this society support the State Board of Health if it should see fit to make such application.

We would also recommend that this society recommend to the State Board of Medical Examiners that candidates for license to practice medicine in this State be examined as to their knowledge of the cause, prevention and treatment of ophthalmia neonatorum.

We would also recommend that the authorities in charge of hospitals where such does not already exist, that provision be made for the proper care and treatment of infants afflicted with this disease, and also if necessary for the care of the mother of the infant, as the great majority of the cases occur among people who are unable to give proper nursing and care to the infant. We know that amost every case of this disease can be cured if it is properly treated and has the proper nursing from its beginning, and we would, therefore, urge that every case in which the condition of the parents makes it impossible to give it proper care be at once transferred to a hospital.

We would also recommend that the constituent societies appoint a permanent committee whose duty it shall be to disseminate knowledge concerning the etiology and prevention of ophthalmia neonatorum among its members as well as among the public, in the hope that by spreading this knowledge this disease may cease to exist among us and thus prevent the blindness of infants from this disease.

Resolved, That a copy of this report be forwarded to the State Board of Health, to State Board of Medical Examiners and to all hospitals in this State.

Chapter 280.

A Supplement to an act entitled "An act to regulate the practice of midwifery in the State of New Jersey," approved March eighth, one thousand eight hundred and ninety-two.

Be it enacted by the Senate and General Assembly of the State of New Jersey:

1. Any person beginning the practice of midwifery in this State after July fourth, one thousand nine hundred and ten, shall first obtain from the State Board of Medical Examiners of New Jersey, which the said board is authorized to grant as hereinafter provided, a license so to do; provided, that the educational qualifications hereinafter prescribed shall not be construed as applying to any person who began the study of midwifery prior to July fourth, one thousand nine hundred and ten, and who possesses the education in midwifery required by the said board under the act to which this act is a supplement; and provided further, that the licenses now in force granted under the act of one thousand eight hundred and ninety-two shall not be invalidated by any of the provisions of this supplement.

2. Candidates for examination shall present to the said board, at least ten days before the commencement of the State examinations, a written application on a form or forms provided by the said board, setting forth under affidavit the name, age, nativity, residence, moral character and time spent in obtaining a common school education, or its equivalent; that the candidate has received a certificate or diploma from a legally incorporated school of midwifery in good standing at the time of issuing said certificate or diploma, granted after at least two courses of instruction of at least seven months each in different calendar years, or a certificate or diploma from a foreign institution of midwifery of equal requirements as determined by the said board, conferring the full right to practice midwifery in the country in which it was issued.

The application must bear the seal of the institution from which the applicant was graduated. Foreign graduates must present with the application a translation of their foreign certificate or diploma, made by and under the seal of the consulate of the country in which the said certificate or diploma was issued. The applications must be indorsed by a registered physician of New Jersey.

3. If the application is approved and the candidate shall have deposited the sum of fifteen dollars as an examination fee with the secretary of the said board, the candidate shall be admitted to the examination, and, in case of failure to pass the examination, may be re-

examined at any regular examination within one year without the payment of an additional fee, said fee to be retained by the board after failure to pass second examination.

4. The State Board of Medical Examiners is hereby authorized and empowered to execute the provisions of this act, and shall hold examinations in midwifery in the capitol building, Trenton, New Jersey, on the third Tuesday in June and October, from ten A. M. to five P. M., or such other times as the said board may deem expedient. The examinations may be oral, written or both, and shall be in the English language; if desired in any other language, an interpreter may be provided by said board upon notification to the secretary at least ten days before the examination. Examinations shall be held on the following subjects:

1—Anatomy of the pelvis and female generative organs;
2—Physiology of menstruation;
3—Diagnosis and management of pregnancy;
4—Diagnosis of fœtal presentation and position;
5—Mechanism and management of normal labor;
6—Management of the puerperium;
7—Injuries to the genital organs following labor;
8—Sepsis and antisepsis in relation to labor;
9—Special care of the bed and lying-in room;
10—Hygiene of the mother and infant;
11—Asphyxiation, convulsions, malformation and infectious diseases of the new born;
12—Cause and effects of ophthalmia neonatorum;
13—Abnormal condition requiring the attendance of a physician.

Said examination shall be sufficient to test the scientific and practical fitness of candidates to practice midwifery, and the board may require examination on other subjects relating to midwifery from time to time. If said examination is satisfactory, said board shall issue a license, with a certified copy, signed by its president and secretary and attested by its seal, entitling the candidate to practice midwifery in the State of New Jersey; provided, that said license shall not authorize the holder to prescribe any drug or medicine except some preparation of ergot after the birth of the head of the infant, or household remedies, or attend other than cases of labor. The certificate of license or the certified copy thereof must be filed in the office of the clerk of the county in which the licentiate resides or removes to, and said clerk shall enter a memorandum thereof in a book kept for this purpose, giving the name of licentiate, date and number of license and date of registration, for which said clerk shall be entitled to a fee of one dollar. All application papers shall be deposited in the State Library at Trenton for at least two years, when they may be destroyed; their contents shall be recorded in the official register of the board kept for this purpose, which, or a certified copy thereof, shall be prima facie evidence of all matters therein contained.

5. Midwives shall always secure the immediate services of a reputable registered physician whenever any abnormal signs or symptoms appear in either mother or infant.

6. Said board may refuse to grant, or may revoke, a license for any of the following reasons, namely: Persistent inebriety, the practice of criminal abortion, crimes involving moral turpitude, presentation of a certificate or diploma for registration or license illegally obtained, application for examination under fraudulent representation, neglect or refusal to make proper returns to the health officers or health department of births, or of a puerperal, contagious or infectious disease, within the legal limit of time; failure to file a State license or a certified copy thereof, with the clerk of the county in which the licentiate resides or practices; failure to secure the attendance of a reputable physician in case of miscarriage, hemorrhage, abnormal presentation or position, retained placenta, convulsions, prolapse of the cord, fever during parturient stage, inflammation or discharge from the eyes of the newborn infant, or whenever any abnormal or unhealthy symptoms appear in either the mother or infant during labor or the puerperium.

In complaints of violation of the provisions of this section, the accused shall be furnished with a copy of the complaint and given a hearing before said board in person or by attorney, and any midwife refused admittance to the examination or whose license has been revoked, who shall attempt or continue the practice of midwifery, shall be subject to the penalties hereinafter prescribed.

7. Any person shall be regarded as practicing midwifery within the meaning of this act who shall attend a woman in childbirth as a midwife, or advertise as such, by signs, printed cards or otherwise, but nothing shall be construed in this act to prohibit gratuitous service in case of emergency, nor the service of any legally qualified physician or surgeon of this State.

8. Any person beginning the practice of midwifery in this State without first complying with the provisions of this act, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than ten nor more than fifty dollars, or by imprisonment in the county jail for not less than ten nor more than thirty days, or by both, at the discretion of the court.

9. The expense of said board for the examination and licensing of candidates in midwifery shall be paid from the license fees above provided for, and if any surplus remains, the same may be distributed among the members of said board as compensation for their services; otherwise they shall receive no compensation whatever.

10. All acts or parts of acts inconsistent with the provisions of this supplementary act be and the same are hereby repealed.

11. This act shall take effect July fourth, one thousand nine hundred and ten.

Approved April 12, 1910.

Chas. J. Kipp, Chairman.
Edward J. Ill.
A. Clark Hunt.

It was moved and seconded that the report be received and its recommendations adopted. Carried.

Dr. Kipp moved to amend the motion by adding that a copy of the report be forwarded to the State Board of Health, the Board of Medical Examiners, and all hospitals in the State. The amendment was seconded and carried.

There were no reports of special committees to be presented.

Dr. Chandler presented for second reading the amendment to the by-laws, which had been proposed at the last meeting by Dr. Theodore Senseman, of Atlantic City, It was as follows:

"Be it Resolved, That Section 2, Chapter V., of the By-Laws be amended to read: '——— and these members, together with a representation from the fellows, which representation shall consist of one member for every five fellows, or major fraction thereof, present at the annual meeting, shall constitute the nominating committee.'"

Dr. Senseman said that he wished to disclaim authorship of the anonymous letter that had been sent throughout the State with this resolution.

Dr. Chandler said that the amendment would lie over until the next session of the House of Delegates, when it would come up for third reading and final action.

REPORT OF THE COMMITTEE ON PUBLICATION.

To the Medical Society of New Jersey:

The Committee on Publication takes pleasure in reporting that, while its work is constantly increasing in volume, its accomplishment has progressed without unusual incident or annoyance. We issued during the past year our sixth volume, containing 688 pages of reading matter and 118 pages of advertisements.

Our expenses have been as follows:

Orange Pub. Co., printing Journal, etc.	$2,034.11	
Postage	104.42	
Editor's salary and expenses	714.56	
Sundries	66.43	
		$2,919.52

Our receipts have been as follows:

Advertisements	$1,684.82	
Sales and special subscriptions	23.17	
Miscellaneous	5.20	
		$1,713.19
Net cost of the Journal for the past year		$1,206.33

This amount is paid out of the annual assessment which includes a year's subscription to the Journal.

Our mail list has materially increased and of the 1,800 copies issued very few go astray. When occasionally a member fails to receive his copy the chairman of the Committee on Publication very soon receives notice to that effect and supplies the missing number. This notification of non-receipt is indirect evidence that the reader attaches a value to his Journal and to that extent is a source of satisfaction. Sometimes a failure to receive is due to a change of address, of which change the subscriber has not notified the secretary of this society. Members are requested to promptly notify the secretary of any change in address so that the mail list may be corrected. The mail list is revised every month and to insure receipt of the Journal it is necessary to have a correct address—name, street and number. The United States Post Office Department does not forward second-class mail to another address unless the party addressed gives the order and pays additional postage. In case of failure to deliver, the postmaster generally sends a notice and a reason therefor, together with a request to "discontinue" sending, as the Journal "lies dead" in his office. In the absence of any information as to the new address, the name is taken off of the mail list. Sometimes a notice is received, "Journal refused." This seems rather surprising and is probably due to the impression that receiving the Journal obligates the member for an additional subscription. This is an error, as in paying his dues he is also paying his subscription. If he does not pay his dues his name is promptly taken off the mail list. When a Journal is refused the name is taken off the mail list, as we do not wish to force the Journal on an unwilling reader.

Last year the trustees requested the Committee on Publication to place all of the daily papers published in this State on our mail list, requesting an exchange of publications. In compliance therewith the following circular letter was sent to sixty daily papers:

South Orange, N. J.

"The Medical Society of New Jersey, the oldest State medical society in this country, has for the past six years been issuing a Journal. The society desires to effect exchanges with the daily papers of this State in order that we may better know each other's views and may work more effectively for the welfare of the whole commonwealth in all that pertains to medical and sanitary matters

"Our Journal is the only medical journal published in New Jersey, and has a greater circulation among the medical men of the State than have all other medical journals combined. Several of the dailies are already among our exchanges. May we have the pleasure of adding your paper to our list so that we may receive the local news of your section, and especially that we may have the benefit of your individual opinion on matters of mutual interest?

"William J. Chandler.
"Chairman of Publication Committee,

Of these sixty daily papers which receive our Journal each month, only sixteen have seen fit to send their issues in exchange. This is very much to be regretted, as it limits our acquisition of news items and our knowledge of the drift of sentiment in various parts of the State. Some of the best papers in northern New Jersey have cheerfully acceded to our request and the exchange has been of mutual benefit. If the members living in the southern parts of the State would use their personal influence they could, without doubt, effect an exchange with their local papers and our editor could give you the benefit thereof.

A subject of great interest to all publishers of newspapers and magazines is the proposed change in the rate of postage on second-class mail matter. As you know, efforts have recently been made to exclude all journals and magazines from the second class and to allow the "cent-a-pound" rate only to newspapers. Such an exclusion would mean to our Journal an annual increase for postage of about $500. While it is very desirable that purely advertising journals, circulars, etc., should be excluded from second-class rates, it seems only just and pro-

per that the assistance of the government should be freely given to journals issued for the dissemination of scientific, hygienic and sanitary information, and especially to the journals of a profession whose main object is to relieve suferring, prevent disease and ameliorate the condition of all our fellow citizens. I doubt whether the proposed change will be made. It certainly should meet with a strong and united opposition on our part.

Another matter of importance to us is the requirement of the Post Office Department that all journals receiving the benefit of second-class rates should have a paid list of subscribers. In order that we may conform to this requirement, the Committee on Publication makes the following recommendations:

First—That all members of this society who have paid their annual dues be entered as subscribers to the Journal at one-half the regular subscription price.

Second—That a portion of every assessment paid to this society each year, to the amount of one dollar for each member, be accepted as that member's annual subscription to the Journal.

Third—That the list of members in good standing as issued each year be known also as the subscription list of the Journal.

The adoption of these recommendations will meet the requirements of the Post Office Department.

We have in previous reports spoken of the increasing scope and influence of our Journal. I think that you will admit that it is now an important factor in this State in the dissemination of medical news, in the maintenance of interest and progress in the component societies, in materially aiding all efforts to improve hygienic and sanitary conditions throughout the State and in ever seeking to uphold and elevate the standard set for the medical profession of New Jersey.

Let us then, one and all, lend constant aid to our faithful and efficient editor in making our Journal each successive year more attractive, influential and complete.

Respectfully submitted,
Wm. J. Chandler, Chairman.
Charles J. Kipp.
Ellis W. Hedges.

Dr. Luther M. Halsey, of Williamstown, made a motion that the report be received; that the thanks of the society be given the Publication Committee and to the editor of the Journal, and that the recommendations suggested by the committee be adopted. The motion was seconded and carried.

REPORT OF THE COMMITTEE ON PUBLIC HYGIENE AND LEGISLATION.

Dr. Halsey, the chairman of the committee, requested that the reading of the report be deferred until Wednesday afternoon, because he wished to refer certain recommendations contained therein to the Board of Trustees before introducing them to the House of Delegates. His request was granted.

REPORT OF THE BOARD OF TRUSTEES.

The Board of Trustees reports that, according to the action of the society at the last annual meeting, the board met in Trenton, November 22, 1909, to fix upon the date of this year's annual meeting. Dr. Chandler reported that only a few of the component societies had acted upon the request for an expression of their judgment as to whether the annual meeting should be held in June or in one of the fall months, and of those which had acted, all but one favored holding the meeting in June; it was thereupon decided that this year's annual meeting be held June 28-30, 1910. It was also decided, upon application of the councilors and after hearing particulars of the case, that this society would, under the medical defence scheme adopted by the society, defend Drs. Bingham and Bradshaw, of East Orange, in a suit brought against them for malpractice, and it was also voted to engage a lawyer to represent our society in their defence.

June 27, 1910, the board met and reorganized by the election of Dr. C. J. Kipp as chairman, and Dr. D. C. English, secretary. The chairman reported that a lawyer had been engaged in the defence of Drs. Bingham and Bradshaw for $250; that the case had been postponed from time to time, and it was now set down for trial in October next.

Dr. W. J. Chandler, chairman of the Publication Committee, presented his report, showing that the expenses in publishing the Journal the past year were $2,919.52, and the receipts had been $1,713.19, showing the net cost of the Journal was $1,206.33.

Dr. D. C. English was re-elected editor of the Journal for the coming year and his salary was fixed at $900, including his expenses. The bill of lawyer J. Taylor Lewis, $155 for services in connection with legislation on the Medical Practice bill, was ordered paid.

Treasurer A. Mercer presented his annual report, showing receipts of $4,415.52 and disbursements $4,044.34. He reported the balance on hand June 1, 1910, $4,254.19 cash in bank and bonds which cost $2,671.25. Drs. W. B. Johnson and C. R. P. Fisher were appointed as the auditing committee. They subsequently reported that they had examined the treasurer's accounts and vouchers and found them correct. The following minute prepared by Drs. C. R. P. Fisher, Edward J. Ill and W. J. Chandler was unanimously adopted: In consideration of the very satisfactory, painstaking and conscientious service performed by the treasurer of this society for nearly twenty years, it is hereby resolved, that we tender a vote of thanks to Dr. Archibald Mercer, with the assurance of our deep appreciation of his capable and faithful services.

A committee, consisting of Drs. Mitchell, McGill and Chandler, was appointed to confer with Dr. Halsey, the chairman of the Committee on Legislation, as to the amount of the committee's bill for expenses. The trustees, in view of the immense amount of reports, journals and other matter belonging to the society and committed to the care of the secretary, it was voted to appropriate for the coming year $100 for rental of room to be known as the headquarters of the secretary of the Medical Society of New Jersey, and where such printed matter should be stored.

The following recommendations are made to the society:

1. That the following resolution, already ap-

proved by the trustees, be adopted by the society:

"Whereas, At the hearing on the Medical Practice bill the Governor publicly questioned the veracity of Dr. L. M. Halsey, the chairman of our Committee on Legislation, and treated the representatives of our society discourteously by refusing proper discussion of the merits of the bill by unceremoniously closing the hearing; therefore,

"Resolved, That the Medical Society of New Jersey, in annual meeting assembled, hereby not only place on record an expression of perfect confidence in Dr. Halsey, but also their deep regret that the Governor of our State so lost control of himself as to reflect discredit upon his high office and dishonor upon the State; and moreover, that the result has been the lowering of the standards of preliminary educational requirements in New Jersey and the consequent loss of reciprocity between our State and the State of New York."

2. That the conduct of the work of Medical Defence be committed to the councilors with the co-operation of the Board of Trustees on all matters involving the expenditure of the society's funds.

3. That the prize of $100 be awarded to the author of the prize essay on Ophthalmia Neonatorum.

4. That a committee be appointed to draft a resolution in favor of the Owen bill establishing a National Department of Health, now pending in the United States Senate; also in favor of the postal bill pending in the Senate for the continuance of the rating of magazines, medical and scientific journals, etc., as second-class matter as heretofore.

Respectfully submitted,
Charles J. Kipp, Chairman.
David C. English, Secretary.

It was moved that the report be received. Seconded and carried.

It was then moved by *Dr. Walter B. Johnson,* of Paterson, and seconded, that the recommendations of the Board of Trustees be taken up and acted upon separately. Carried.

Dr. English read the first recommendation. It was moved and seconded that it be adopted, and that a copy of it be sent to the Governor and to every newspaper in the State.

Dr. Wells P. Eagleton, of Newark, inquired whether it was strictly true that the standard of education had been lowered by this action of the Governor. He thought that the standard had remained the same, but that the Governor's veto had prevented it from being elevated. The wording of the resolution made it appear as if a retrograde action had taken place.

Dr. English said that New York State had withdrawn reciprocity from New Jersey because of the lowering of the standards of medical preliminary education.

Dr. Chandler said that the lowering had been the result, not of the Governor's veto, but of his supplementary advice that the Board of Medical Examiners disregard the preliminary education clause.

Dr. English made a motion that the motion to adopt the resolution and send a copy thereof to the Governor and every newspaper in the State be adopted by a rising vote. His motion was seconded and carried, and it was so adopted.

Dr. English then read the second recommendation. It was moved and seconded that it be adopted. Carried.

He then read the third recommendation, which was also adopted in due form.

The fourth recommendation was then read by Dr. English.

Dr. Johnson made a motion that the recommendation be adopted, and that the Senators and members of the House of Representatives of the United States from the State of New Jersey be asked to use their best efforts in behalf of the Owens bill. The motion was seconded and carried.

REPORT OF THE TREASURER.

Dr. Archibald Mercer, treasurer, in account with the Medical Society of New Jersey.

Dr.

1909.		
June	1—Committee on Publication, Journal	$1,484.57
"	5—Bergen Co. additional payment	28.00
"	5—Atlantic Co. additional payment	4.00
"	24—Monmouth Co. additional payment	2.00
"	26—Morris Co. additional payment	6.00
"	26—Warren Co. additional payment	4.00
July	1—Interest, Bond No. Pacif., Grt. No., C. B. & Q. coll.	10.00
"	1—Interest, Bond Chi. & Alton	17.50
"	6—Committee of Arrangements, 1909	17.95
Aug.	2—Interest, Bond N. Y. Cent., Mich. Cent. coll.	17.50
Sept.	14—Essex Co. additional payment	14.00
"	16—Mercer Co. additional payment	4.00
Oct.	1—Interest, Bond No. Pacif., Grt. No., C. B. & Q. coll.	10.00
"	15—Atlantic Co. additional payment	6.00
"	30—Essex Co. additional payment	8.00
"	30—Bergen Co. additional payment	4.00
"	30—Atlantic Co. additional payment	2.00
Dec.	20—Hudson Co. additional payment	4.00
1910.		
Jan.	1—Interest, Bond Chi. & Alton	17.50
"	3—Interest, Bond No. Pacif., Grt. No., C. B. & Q. coll.	10.00
"	10—Essex Co. additional payment	3.00

Jan.	15—Somerset Co. additional payment	2.00
"	19—Burlington Co. additional payment	3.00
Feb.	1—Interest, Bond N. Y. Cent., Mich. Cent. coll.	17.50
"	4—Essex Co. additional payment	2.00
"	5—Middlesex Co. additional payment	1.00
Mar.	17—Essex Co. additional payment	8.00
"	28—Essex Co. additional payment	4.00
April	1—Interest, Bond No. Pacif., Grt. No., C. B. & Q. coll.	10.00
"	2—Essex Co. additional payment	4.00
"	6—Essex Co. additional payment	7.00
May	—Atlantic Co. assessment	104.00
"	—Bergen Co. assessment	120.00
"	—Burlington Co. assessment	66.00
"	—Camden Co. assessment	192.00
"	—Cape May Co. assessment	38.00
"	—Cumberland Co. assessment	60.00
"	—Essex Co. assessment	623.00
"	—Gloucester Co. assessment	52.00
"	—Hudson Co. assessment	412.00
"	—Hunterdon Co. assessment	48.00
"	—Mercer Co. assessment	130.00
"	—Middlesex Co. assessment	84.00
"	—Monmouth Co. assessment	88.00
"	—Morris Co. assessment	102.00
"	—Ocean Co. assessment	30,00
"	—Passaic Co. assessment	202.00
"	—Salem Co. assessment	.42.00
"	—Somerset Co. assessment	56.00
"	—Sussex Co. assessment	38.00
"	—Union Co. assessment	160.00
"	—Warren Co. assessment	36.00
June	—Bank interest on daily balance	61.68
Cash balance in bank June 1, 1909		3,821.33
Bonds—		
$1,000 Bond North. Pacif., Grt No., C. B. & Q. coll., 4%, cost		972.50
$1,000 Bond Chicago & Alton, 3½% cost		786.25
$1,000 Bond N. Y. Cent., Mich. Cent. coll., 3½% cost		912.50
		$10,969.78

1909.	Cr.	
June	—Dr. W. J. Chandler, Com. Publication	$160.09
"	—Dr. W. J. Chandler, Com. Program	39.00
"	—Dr. W. J. Chandler, badges	26.50
"	—Dr. James Hunter, councilor Fifth District	17.50
"	—Dr. W. H. Iszard, councilor Fourth District	16.00
"	—Dr. Edward F. Denner, councilor Second District	12.00
"	—Dr. A. Mercer, treasurer	20.52
"	—Dr. H. A. Stout, cor. secy	14.80
"	—Dr. J. D. McGill, Investigating Com	13.00
"	—Dr. D. C. English, Investigating Com	13.30
"	—Dr. D. C. English, secretary Board Trustees	5.00
July	6—Dr. W. J. Chandler, Com. Publication	214.74
July	6—Dr. W. J. Chandler, Com. Program	7.35
"	6—Dr. W. J. Chandler, rec. secy	121.40
"	12—Fidelity & Casualty Co., treasurer's bond	15.00
"	17—Dr. W. J. Chandler	250.00
"	17—Dr. L. M. Halsey	250.00
"	22—Dr. E. Moore Fisher, first prize essay	100.00
"	22—Dr. F. McEwen, second prize essay	50.00
"	22—Miss Lulu Gay, stenographer	75.00
"	22—Dr. E. J. Marsh, Scientific Com.	3.00
"	22—Dr. W. J. Chandler, Com. Publication	173.39
"	31—Cape May Hotel Co	16.60
"	31—Dr. J. M. Buckley	10.00
"	31—Dr. Edward P. Davis	5.00
Aug.	2—Dr. D. C. English, Com. Publication	100.00
Sept.	16—Dr. W. J. Chandler, Com. Publication	225.93
Oct.	8—Dr. W. J. Chandler, Com. Publication	176.45
"	15—Dr. W. J. Chandler, rec. secy	63.45
"	15—Dr. W. J. Chandler, Com. Publication	183.72
Nov.	13—Dr. W. J. Chandler, Com. Publication	249.78
Dec.	7—Dr. W. J. Chandler, Com. Publication	153.36
1910.		
Jan.	15—Orange Publishing Co	151.77
"	15—Dr. D. C. English, editor	174.75
"	15—Dr. W. J. Chandler, rec. secy	47.35
Feb.	8—Dr. W. J. Chandler, Com. Publication	160.86
Mar.	21—Dr. W. J. Chandler, Com. Publication	161.32
April	7—Dr. W. J. Chandler, Com. Publication	366.78
May	9—Dr. W. J. Chandler, Com. Publication	200.03
Cash balance in bank June 1, 1910		4,254.19
Bonds—		
$1,000 Bond No. Pacif., Grt. North., C. B. & Q. coll., 4% cost		972.50
$1,000 Bond Chicago & Alton, 3½% cost		786.25
$1,000 Bond N. Y. Cent., Mich. Cent., coll., 3½% cost		912.50
		$10,969.78

Respectfully submitted,
Archibald Mercer, Treasurer.

June 1, 1910.

It was moved and seconded that the report be received and placed on file, and take the usual course. Carried.

REPORT OF THE RECORDING SECRETARY.

To the Medical Society of New Jersey:

The membership of this society has increased somewhat during the past year. Last year we had 1,339 members. This year our membership at the present time is 1,375. In looking over the reports of the county secretaries we observe that nine counties report a total loss of 30 members; nine counties report a total gain of 66 members; while three counties maintain the same membership as that of last year.

Why should nine counties report an average loss of over three members each? Why should nine other counties report a total gain of only 66 members when there is right at hand eligible material to more than treble it? And why should three counties be content to stand still with the same number as that reported last year —reminding us very much of the steward in the parable who returned the one talent untouched and unimproved to his Lord?

It is the same story of inactivity, if not of indifference. A little effort in making the county society meeting more interesting and especially by inviting those who are not members to attend would have excited their interest and would undoubtedly have resulted in their applying for membership. You probably all agree in the truthfulness of this as a general statement, but when it comes directly home to you with a request for active personal effort, you either forget it or more probably shift the individual burden off on the shoulders of some one else—most probably your already overworked county secretary. This is "just how not to do it."

There is no good reason why we should not have a membership of 1,800 to 2,000 in our State Society, except the absolute indifference of at least 90 per cent. of our members. How many of you during the past year have invited even one physician to attend your county society meeting? How many have thought of building up that society, of increasing the interest in its meetings and of extending its influence? How many have gone out to present to eligible candidates the advantages of membership and to solicit their application therefor? If I were to invite a reply by the raising of hands, even here in this representative assembly of our membership, I fear that the scanty response would put us to shame.

And rightly it ought. It is a shame that we are so indifferent to the advantages of county society membership and our responsibilities therewith. The experiences of the past, and especially of the recent past, should teach us the importance of organization and united action. A great work is presented to the medical profession of this country and we of this State must realize our responsibility and be willing to bear our portion of the burden. In this we need the help of every medical man and our most feasible medium of action is through the county society. Let us then see if during the coming year we cannot each one of us bring at least one new member into our respective component societies.

Communications received from members of different component societies indicate that "delinquency" and the "standing" of a delinquent are terms variously and vaguely understood. Most of our component societies apply the term delinquent to those members who have not paid their annual dues. This is correct. But when they are told that such a member is not in good standing in his county society, they are somewhat surprised. Such, however, is the declaration of our by-laws and any member who does not pay his dues is not in good standing in either the State or county society. Such a position is undesirable for any member of a component society. How, then, can this delinquency be removed? Ordinarily by simply paying the annual dues—the member's standing otherwise is generally satisfactory. The dues ought, as you know, to be paid annually in advance. The dues paid by the county treasurers to the State Society's treasurer in May are the dues for our current year beginning on the first of June following. The number of members reported by the county secretary as having paid their dues at least one month before the annual meeting of the Medical Society of New Jersey establishes the "basis of representation" for that component society. These members are recorded as in good standing and the others as delinquents. If at any time these delinquents pay their dues and official report thereof is made to the secretary of this society, their names are at once put in the list of members in good standing.

It is always desirable that this period of delinquency should be terminated as quickly as possible so that the names may appear in the printed list of members in good standing. Manifestly this will be impossible if there is much delay, as we endeavor to print the lists in July or August. Any delinquents or new members, who pay their dues to the county treasurer, should be immediately reported to the county secretary and to the secretary of the Medical Society of New Jersey and a check sent for the dues so that their names may be at once entered on the lists, vouched for to the American Medical Association, and placed on the mailing list of our State Journal. This involves extra labor for the different officers of State and county societies, but it is cheerfully rendered for the best interests of the society.

But suppose that a delinquent does not pay his dues before the lists are printed, where does his name appear? We publish two lists of the physicians of New Jersey—one includes all physicians in good standing in both State and county societies; the other includes, as far as possible, all other physicians of any school practicing in the State. Evidently the name of a delinquent cannot appear in the list of those who have paid their dues. It must, therefore, appear in the other list. Delinquents thus have it in their own hands to decide in which list they will be recorded. Prompt payment of dues will insure the appearance of their names in the list of members in good standing.

The sickle of the Grim Reaper has garnered of those who were respected in this society and honored in their respective communities. Berkaw, Donnovan, Miller, Hall, Meyer, Stanger, Andrews, Gauntt, Baker, Hunter, Newton, Presley, Weeks, Sutton, Buckingham, Long, Walling, Cantwell, Larison, Mallory, Hempstead and McLean have passed to their eternal reward. The lesson to us is ever being impressed—"Work while the day lasts." If we look out over the horizon of the sphere of medical achievements we discern the dawning of a bright and glorious day. A vast and noble work looms up before us. Let us then put forth every effort to strengthen our venerable and honored society in numbers, in unity of action and in capacity for usefulness, so that we may reap some of the fruits of our labors even in our own day.

William J. Chandler,
Recording Secretary.

It was moved and seconded that the report be received and take the usual course. Seconded and carried.

Dr. Chandler announced the names of

the delegates from the Massachusetts, Connecticut, Pennsylvania and New York State Medical societies, and extended to them the hospitalities of the society.

Dr. Linn Emerson, of Orange, stated that, as a member of the committee appointed to report on the proper age at which children should be sent to school, he wished to request to have the presentation of this report delayed until later. Dr. Joseph Funk, of Elizabeth, the chairman of the committee, had promised to mail the report to Dr. Emerson, but it had not yet arrived. The request was granted.

Dr. Johnson made a motion that the reports of the delegates to other societies and the reception of delegates from sister societies be deferred until the afternoon session.

Dr. Chandler seconded the motion heartily, because so few reports of the kind had been received by the society of late years. Some distinguished men had been appointed as delegates to this society.

The motion was carried.

MISCELLANEOUS BUSINESS.

The resignation of Dr. Norton L. Wilson, of Elizabeth, as permanent delegate from Union County, was presented by Dr. Chandler. It was moved and seconded that it be accepted. Carried. Similar action was taken concerning the resignation of Dr. Henry Mitchell, of Asbury Park.

The president appointed the following alternate delegates:

Atlantic County, Theodore Senseman, Atlantic City; Mercer County, Horace G. Norton, Trenton; Passaic County, Henry H. Lucas, Paterson; Somerset County, David M. Weeks, Skillman; Hudson County, John Nevin and F. F. Boyer, Jersey City, and M. A. Swiney, Bayonne; Essex County, E. W. Murray, J. B. Morrison, Otto Lowy, C. E. Sutphen, E. S. Sherman, E. E. Worl and Sarah R. Mead, Newark; R. H. Hunt, East Orange; J. M. Maghee, West Orange, and M. J. Synnott, Montclair.

Adjourned at 12:55.

FIRST DAY.

Tuesday, June 28, 1910.

Afternoon Session, 2:30 O'clock.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 2:45 P. M. by the president.

The invocation, by Rev. Melville E. Snyder, Ph. D., of Atlantic City, was as follows:

Almighty God, our Heavenly Father, we have been taught to acknowledge Thee in all our ways, and this afternoon, in this business session, we draw near to Thee, that we may seek the wisdom that comes from above of Him who giveth liberally and upbraideth not. We pray for Thy blessing on these men who have been called by Thee to a most exalted spirit of activity, and have been given a most beautiful mission in life—men whose ministry, under the inspiration of the blessed Christ, who commands them to go and heal the sick, may be an eternal, as well as a temporal, blessing. Bless them in their ministrations in their home towns; assist them in their tasks; give them clearness of thought and keenness of intellect, that they may well discharge their duties. Grant them so much of Thy spirit that in tenderness, love and infinite compassion, they may minister. Be with those that they have left at their homes, so that in their absence their loved ones may be watched over, cared for and protected. Bless them in all their deliberations. Give them Thy presence continually. We ask this through our Christ. Amen.

The following address of welcome was delivered by Mayor Stoy, of Atlantic City:

Mr. President and Members of the Association:

I have had this privilege on several occasions, of being present at the opening of this institution. Let me say to-day that we are proud—representing the city, as I do, I will say it again—that we are proud of this institution; because of its being one of a long time ago, one of the oldest institutions of its kind in the United States. I am proud to stand here to-day and bid welcome to you, as I have on other occasions.

There is no doubt that the doctors, not only within the State of New Jersey, but also in the entire country, do more for Atlantic City than any other body of men, singly or collectively. Therefore, we are glad to offer you a hearty welcome and to extend to you all the courtesies that we can. I want to say, too, that the freedom of the city, as you are well aware, you are entitled to; and I am glad to extend that also. We know exactly the sources from which you like to be greeted in Atlantic City. We know that you like to have the privilege of enjoying your stay here; and let me say that the local Committee of Arrangements have not spared any pains to make you happy during the time that you remain with us.

There are other things that I might offer you. I have informed the Department of Public Safety that you are in town, and every man wearing your badge will be saluted by the officer in charge. Therefore, you are to consider yourselves, while you are here, entirely safe. Of course, there are some of the avenues that have not their marks on them, by reason of the fact that some bad boys battered them off; but I think that, even late at night, you will be able to find your way back to your hotel. Otherwise, you will have an escort by a cortege of policemen.

Dr. Edwin H. Harvey, president of the Atlantic County Medical Society, welcomed the society in behalf of the medical profession of Atlantic City:

Before I start talking, I want to make an allusion to a remark made by the Mayor that I did not quite comprehend. He said he was at the opening of this institution. I do not know

whether he meant the New Jersey Medical Society by the word institution, or the Chalfonte Hotel. If he meant the State Medical Society, I want to present to you the oldest man in the country. The society is 144 years old.

Our chairman, Dr. Ridgway, has allowed me three minutes in which to greet you. How to do it in that time is beyond my ken. Why should greetings be necessary in a place that is always yours? As our worthy Mayor said, the doctors have made Atlantic City. Years ago, they recognized what a haven of rest we might have here; and not only rest, but recreation and diversion. The doctor of to-day, with the influence of the doctor of the past, is sending annually thousands of patients here to visit us. So let me welcome you to your own.

What have we here? Nature has given us sea-breezes laden with ozone; she has given us a wide, sandy, sloping beach; she has given us a play-ground for ourselves and thousands who visit us; she has given us the surf to bathe in, and she has given us the sea, with its indentations, for boating, sailing and fishing. Our forefathers have given us a city of beautiful homes and cottages, about seven hundred hotels of unsurpassed magnificence of cuisine, service and decoration. We have elegantly paved streets for motoring, driving and horseback riding. We have piers, theatres and cafes for our amusement and yours. Among us, together with the masterful scientific program that you have prepared for this afternoon and for a few days to come, let me wish you a season of genuine diversion. Most of the tediousness of highly civilized life is due to its routine and regularity. To-day is like yesterday, and some of us are even foolish enough to think that we can predict to-morrow. The only relief that the practitioner gets from his work is when he tears himself away from it, leaving the sick-room in other care, and goes somewhere else. You, gentlemen, who are here this afternoon, have done this. May you, for the few days that you are with us, be happy fugitives from the bondage of routine, and find great joy among us. The doctors of Atlantic City bid the doctors of New Jersey a thousand welcomes.

Dr. William F. Ridgway, of Atlantic City, chairman of the Committee of Arrangements, reported as follows:

Mr. President and gentlemen:

The Committee of Arrangements have very little to report, except what we have printed on the entertainment program, which has been handed about. We have found it a great pleasure to make arrangements to entertain you, and especially the ladies. A rolling-chair ride will be given for them this afternoon, leaving this hotel at half-past 3, with tea at the Hotel Chelsea. To-morrow, we hope that those of you who can will take advantage of the invitation of the Atlantic City Hospital to visit and inspect what is really the most up-to-date hospital in South Jersey. From 11 to 12 it is open for inspection. To-morrow afternoon, the reception at the Ventnor Motorboat Club will be held from 2:30 to 6, with music and refreshments. The members of the club have consented to take out the ladies and give them a pleasant motorboat ride, guaranteeing to return them safely. Take the trolley on Atlantic avenue to Derby avenue, which is within a block of the club. To-morrow evening is given up to the entertainment for all. We have arranged for a musicale in this room from 8 to 10 o'clock. In order that all may be satisfied, we have arranged also for a smoker at the Jackson Hotel, on Virginia avenue, from 10 to 12, where there will be music and vaudeville, pipes, tobacco, cigarettes and beer furnished. I hope that you will all enjoy yourselves and leave us well satisfied, and will come again.

Dr. Chandler, the secretary of the society, read a list of the members of the Nominating Committee as selected by the various county delegations, as follows:

Atlantic County—Theodore Senseman, Atlantic City.
Bergen County—Henry C. Neer, Park Ridge.
Burlington County—George T. Tracy, Beverly.
Camden County—William A. Wescott, Berlin.
Cape May County—Randolph Marshall, Tuckahoe.
Cumberland County—Elton S. Corson, Bridgeton.
Essex County—Thomas N. Gray, East Orange.
Gloucester County—Charles S. Heritage, Glassboro.
Hudson County—John Nevin, Jersey City.
Hunterdon County—Edward W. Closson, Lambertville.
Mercer County—William S. Lalor, Trenton.
Middlesex County—Alfred L. Ellis, Metuchen.
Monmouth County—Isaac S. Long, Freehold.
Morris County—Frederick W. Flagge, Rockaway.
Ocean County—Ralph R. Jones, Toms River.
Passaic County—Robert M. Curts, Paterson.
Salem County—C. M. Sherron, Salem.
Somerset County—John P. Hecht, Somerville.
Sussex County—Benjamin W. Ferguson, Beemerville.
Union County—Joseph B. Harrison, Westfield.
Warren County—Frederick J. LaRiew, Washington.

Dr. Chandler then presented, for third reading, the proposed amendment to Section 2, Chapter V., of the by-laws, already quoted.

Dr. Thomas N. Gray, of East Orange said that, as a delegate from Essex County he wished to ask a question. He wished to know whether the author of the resolution, Dr. Senseman, could give any instance in which the Fellows, as a body, had exercised their voting power to the detriment of the State Society? If this question was answered in the affirmative, he desired to ask him to give an instance. Otherwise Dr. Gray thought that the sentiment of the delegates present would be for the defeat of this amendment, in view of the fact that no such instance could be given.

Dr. Charles J. Kipp, of Newark, made a motion that discussion on the question should be limited to two minutes for each speaker. The motion was seconded.

A motion to amend this by limiting it to five minutes was made and seconded. The vote on this resulted indecisively, and

a division was called for. As the result of this, the amendment was lost, and the original motion carried.

Dr. Senseman, in reply to Dr. Gray, said that there was no question in the mind of any one present that any member or combination of members of the Board of Trustees would do anything in opposition to the interests of the society. It was impossible for him to put his finger on an instance in which the Fellows as a body or individually had done anything to hurt the society, but he knew of an instance in which a Fellow had refused to send a substitute as annual delegate, giving as his reason that the members would not support the man he wanted for third vice-president.

Dr. Gray said that this did not answer his question. He did not want to know of an action on the part of an individual member of the Fellows, but whether they, collectively, had used their voting power to the detriment of the society. He thought that the men that had had all the honors that the society could give them were the ones who would do good in the Nominating Committee. They would not make a deal, having no axes to grind or wires to pull. He thought a controlling element of that kind necessary, unless the nominations were to be made from the floor.

Dr. Alfred A. Lewis, of Morristown, considered the argument of Dr. Gray perfectly ridiculous. He thought that every question of this kind should come to the whole body, and not be settled by any clique or any part of the society.

Dr. George E. Reading, of Woodbury, considered it important that the question be decided for the best interests of the society. Had there been any instance in which the power of the Fellows had been used to hurt the society mentioned, it would be well to consider such an amendment; but nothing of the kind had been adduced. Furthermore, the recommendations of the Nominating Committee did not interfere with nominations from the floor, so that it was quite possible to elect some one not recommended by the committee, if so desired. This had been done before in the State society. For this reason, he considered it bad policy to be changing the by-laws unnecessarily.

Dr. Frederick F. C. Demarest, of Passaic, said it was not a question of criticism of the Fellows or of what they had done, but of justice to the society as a whole, in making the action of the Nominating Committee representative.

Dr. D. C. English thought the matter was of such great importance that it ought to be fully and freely discussed. He would keep his seat before he would ask any favors for the Fellows of the society, but his only interest was in the question of the highest welfare of the society. He then called attention to the fact that the Fellows had been put on the Nominating Committee in the first place at no suggestion of their own, but as a compromise measure. The same argument that had just been made—that matters of this kind ought to be decided by the majority of the societies' representatives—was the one brought forward at that time; and it was proposed that each county society should have representation on the Nominating Committee according to the number of the members of that society, so that it should not be possible for a small number of men, representing two or three hundred members, to overcome nine or ten hundred in the northern part of the State. It was asked why representation in selecting the officers of the society should be given equally to all county societies in the State, no matter what their membership might be. It was thought that this was giving the little societies undue influence, and there was strong evidence to indicate that a few men in two or three of these societies had combined and were quietly, by undignified and improper political methods, seeking to control nominations.

In regard to the Fellows being able to use undue influence in controlling the nominations, Dr. English said that the idea was preposterous that seventeen Fellows could outvote twenty-one representatives of county societies. Indeed, the whole seventeen had never been present, the highest number having been fourteen; and it was more likely to be twelve than fourteen.

Dr. English thought that the true method of solving the question would be to throw the nomination of the third vice-president into open meeting and take it out of the hands of the Nominating Committee entirely. If there was any suspicion in his mind that men who had served the society as officers and given their best efforts in its behalf had sought to control the nominations or to injure in any way the good name of the society, he would advocate wiping out the Fellows from the Nominating Committee entirely; but he thought that the Fellows would positively decline to serve on

the Nominating Committee merely by representation as this amendment directed.

Dr. English said that the arrangement, as it existed, was not unusual. The New Jersey Sanitary Association has an executive council that makes all nominations of officers to the body of the society. The ex-presidents are honorary members of that council, and they exert more influence in the nominating committee of the New Jersey Sanitary Association than the Fellows ever have in that of the State Medical Society. The ex-presidents are supposed to have more interest in the welfare of the New Jersey Sanitary Society than any of the other members, and it should be the same with the Fellows of the Medical Society of New Jersey. They are not aspirants for office, they have had the highest honor that it is possible for the society to bestow, and they can, therefore, have no selfish aims and ambitions. Their only interest is to conserve the honor and dignity of the society.

In regard to the questions asked by Dr. Gray, Dr. English said that no reason had been given why the change should be made. It had, however, been whispered all over the State that the Fellows had united to dictate the nomination of the third vice-president. Dr. English wished to stamp that statement as absolutely false. The Fellows of the society had never had a candidate of their own for that position. He did not know how four of the thirteen Fellows present last year voted. Dr. English himself, if on the Nominating Committee this year, did not know of any particular man that he would wish to vote for as third vice-president. He had heard only two names suggested and they were presented by their county societies and the question had not been discussed in the Board of Trustees. If it were true, as had been stated, that the trustees had used their influence in the Nominating Committee, they need not be ashamed of the kind of men that had been elected for the last three years, Drs. MacKenzie, Strock and Wilson being worthy representatives of the society. He positively declared, however, that no influence had been exerted by the trustees as a committee, although, of course, they had their individual preferences.

Dr. English then referred to the anonymous document sent out from the Newark Postoffice, and said he was pleased to hear Dr. Senseman deny the authorship or any knowledge concerning it. He called on the man that had sent it, if he was present, to have the manliness to get up and admit this fact. ("Read it!" "Read it!") He believed it was the first time in the long history of this honorable society that such methods had been resorted to. He would not take the time to read it. In answer to the remark that he ought not to attack a document that he did not read, Dr. English said most of those present had read it, and furthermore, that anonymous documents were not worthy of being read. He thought that the society should go very carefully and slowly in making changes in the by-laws at the instigation of men who had not the courage to attach their names to what they wrote.

Dr. Johnson made a motion that the society proceed to ballot on the question of the adoption of the amendment, the roll being called, and each delegate rising and answering to his name "Aye" or "Nay." The motion was seconded and carried.

Dr. Kipp said that the by-laws provide that there must be fifty voting delegates present, and that a two-thirds vote was necessary to adopt the amendment.

Dr. Chandler called the roll and subsequently reported that seventy-eight votes were cast—thirteen in favor of, and sixty-five against, the adoption of the amendment. The president thereupon declared the amendment lost.

MISCELLANEOUS BUSINESS.

Dr. Chandler made a motion that the secretary be authorized to cast a ballot for the election as permanent delegates of Dr. Francis H. Todd, of Paterson; Dr. Henry H. Brinkerhoff and Dr. Henry Spence, of Jersey City, whose credentials had been presented. The motion was seconded and carried. The secretary cast the ballot, and they were declared elected.

Dr. Iszard said that the Judicial Council wished to report that they recommended the reinstatement of Dr. George N. Best, of Rosemont, Hunterdon County, who had been dropped for absence, his excuse being satisfactory; also Dr. Samuel E. Armstrong, of Rutherford, Bergen County.

Dr. Chandler said that Dr. Best's name was not on the list last year, he having been dropped then or the year before. He did not think it possible, without violating the constitution, to reinstate a man that had been dropped. On looking up the record, Dr. Chandler found that Dr. Best had been dropped in 1908 for absences in 1906 and 1907; and a re-election would be necessary to restore him to the roll. He asked that the council reconsider the mat-

ter. Dr. Armstrong was absent in 1908 and excused. The excuse for his absence in 1909 was valid, and could be accepted.

Dr. Izzard said they would withdraw that portion of the report relating to Dr. Best.

The House of Delegates adjourned at 4:05 P. M., and the General Session followed.

FIRST DAY.

Tuesday, June 28, 1910.
Afternoon Session, 3:45 O'clock.

GENERAL SESSION.

The meeting was called to order at 4:05 P. M., by the president.

Oration in Surgery, Why and by Whom Should Surgery Be Advised? John B. Deaver, M. D., Philadelphia.

Dr. Deaver received a vote of thanks.

Empyema, Irvin H. Hance, M. D., Lakewood.

Discussed by Drs. Frank D. Gray, Jersey City; Henry L. Coit, Newark; John C. McCoy, Paterson, and Frederick W. Flagge, Rockaway. Discussion closed by Dr. Hance.

The Early Recognition and Diagnosis of Organic Diseases of the Nervous System. William M. Leszynsky, M. D., New York City.

Acute Pyelitis in Children, George B. Philhower, M. D., Nutley.

Discussed by Drs. Henry L. Coit, Newark; D. J. Milton Miller, Atlantic City; J. Finley Bell, Englewood, and Frank W. Pinneo, Newark.

Report of the delegates to the International Medical Congress, at Buda-Pesth; also of the delegates to the convention on the ninth decennial revision of the United States Pharmacopœia. Henry L. Coit, M. D., chairman.

Dr. Waddington announced the appointment of the following as members of the committee on the Owens bill and on the bill advocating the sterilization of criminals and defectives: Dr. Luther M. Halsey, Williamstown; Dr. David C. English, New Brunswick, and Dr. John D. McGill, Jersey City.

Adjourned at 6:10 P. M.

FIRST DAY.

Tuesday—Evening Session.

GENERAL SESSION.

The meeting was called to order at 8:40 P. M. by the first vice-president.

Annual address of the president: A Plea for a Higher Standard of Medical Education, Benjamin A. Waddington, M. D., Salem.

Oration in Medicine, The Broader Aspects of the Science of Medicine, W. Gilman Thompson, M. D., New York City.

Dr. Thompson received a vote of thanks from the society.

After the delivery of the Oration in Medicine by Dr. Thompson, Dr. Luther M. Halsey, Williamstown, spoke as follows:

The Journal of the society had for a number of years called attention to the fact that if the component medical societies of the State should urge upon their members the selection of some medical man as a candidate for the Legislature and elect him to that position, there was no question but that he could so shape legislation that his influence in that body would be for good. When the stand that the medical profession throughout the State had taken for the protection of the public, the upbuilding of the present medical law, and the question of raising it to a higher standard, should become thoroughly known, there was no question in the mind of the editor of the Journal that the profession would be in a position to accomplish whatever they desired. People would realize that the efforts of the physicians were for the good of the public, and that they had no selfish motives. All were familiar with the work that Virchow had accomplished in the German Legislature, and what he had done for the advancement of experimental research, and the same might be done here.

Dr. Halsey then said that the continued work of the Journal had eventually brought forth good fruit. A man had been elected to the last session of the Legislature as a candidate of the minority party. He had gone there and, by his unusual tact, succeeded in making a great many friends on the majority side. What he had accomplished was a matter of history, but might not be known to some of the members present. When they took into consideration that the Committee on Legislation had worked for years to pass a Medical Practice act, and that, largely through the influence of this man, it had been passed by a vote of 41 to 10 in the one House, and in the Senate with only two dissenting votes; that he was able to get the attention of the Speaker of the House for the measure that he was interested in for the betterment of medical science in New Jersey, it seemed to Dr. Halsey that they ought to be very proud of Dr. William E. Ramsay, of Perth Amboy.

Dr. Halsey then requested Dr. Ramsay to come forward. He was greeted with applause. Dr. Halsey then addressed Dr. Ramsay as follows:

To you, Dr. Ramsay, I feel that the Medical Society of New Jersey is very greatly indebted. When we, of the Committee on Legislation, look back on the work that you were able to accomplish at this session—the passage of the Medical Practice act, the Midwifery bill, the bill for the control of ophthalmia neonatorum, the bill for the safeguarding of the water supply in the State, that for the voluntary com-

mittment of insane persons (which is a very decided step in advance), and that for the transmission of patients from this State back to where their legal residence should be—we feel that to you we all owe a debt which simply my words are not able to express fully. Your friends in New Jersey in the medical profession have thought it proper and fitting to present to you a token of their appreciation—not that it will represent the debt we owe, but as an expression of esteem and respect for the work you have done for the medical profession in having been willing to sacrifice your time, and go to the Legislature with the one aim in view, that you might be a help to the medical profession in enacting better laws for the safeguarding of the people of this State.

Dr. Halsey then presented to Dr. Ramsay a handsome silver loving-cup, and the act was greeted with applause.

Dr. Ramsay, in accepting this gift, spoke as follows:

Mr. President, Chairman of the Legislative Committee, and Fellow Members of the State Society:

It is embarrassing, at times, to express an appreciation of the kindness or the fellow-feeling of your associates. At this moment, it is particularly embarrassing to me. This is the first time that I have been so honored, and, if I warrant such recognition, that knowledge alone sufficiently repays me. This token, this beautiful token, I can assure you that I accept with a heartfelt appreciation. I accept it as an evidence of the good feeling that exists.

I have endeavored, during my time in the Legislature, to do everything that I could that I believed to be in the interest of the medical profession, and simply looked upon the medical profession as the agent of the people. When I served my profession, I knew that I was serving the people.

The great difficulty that we have had in the past has been very kindly referred to by Dr. Thompson, when he called attention to the apparent lack of interest on the part of medical men in public affairs; and by Dr. Halsey, when he referred to the work of Virchow and others. When we consider that this is probably one of the very few countries on the face of God's footstool in which the medical man considers it beneath him to go into the Legislature and serve his people, I say that it is a shame. I know of no country in which the medical profession is not recognized in large numbers in the legislative halls, except this. You find them in Canada and in England. In France, Clemenceau was a physician, and almost all physicians take part in protecting the rights of the public. In Germany, Koch and numerous others took part in legislation. In Italy and all through Spain, the medical men occupy a very prominent position in politics, and why not here? The very difficulties that we have been compelled to meet, the turning down of the very bills that have been referred to, took place because we did not have a medical man willing to sacrifice enough time to his profession and his people to represent them in such a manner that the public health could be protected, to say nothing of not leaving the medical profession open to almost being made a laughing-stock of, and I can believe that this last move the Owens bill in Congress, and the move that we have been driven to make throughout the country to protect us against osteopaths and other charlatans, make the medical man realize that he must get actively engaged in politics if he expects to protect his own rights and those of the public.

Again, I desire to express my heartfelt thanks for this beautiful token. (Applause.)

Dr. Britton D. Evans, of Morris Plains, said that he would not take up the society's time with any lengthy remarks on the subject, but that Dr. Ramsay had fittingly said that the consciousness of duty well performed was his actual reward. Dr. Evans said that he might with some degree of assurance, tell the members of the society that he had known something of Dr. Ramsay's life and work, having been acquainted with him for a quarter of a century, and known him when he had first graduated in medicine. Dr. Evans, however, had never known Dr. Ramsay's politics until he was sent to the Asesmbly. In his work on behalf of the medical profession, Dr. Evans had seen him with his hand at the wheel; had stood beside him in his work, and had recognized, as any man with ordinary perception and judgment would have recognized, that he was, at a great sacrifice, standing in the halls of legislation and exerting himself intelligently and with much energy on behalf of those bills that had been introduced, most of them by himself, in the interest of his profession and in that of the public health and welfare.

Dr. Evans then went on to say that while many of them had remained at home attending faithfully to their duties, and feeling that they could not sacrifice either their own interests or those of their patients, Dr. Ramsay was making a fight in behalf of the medical profession of the State of New Jersey, and, reflectively, in behalf of the medical profession of the whole country. They owed him gratitude for this, and the little tribute given to him this evening in the form of a loving cup was but a trivial expression of it. Dr. Evans was, however, sure that Dr. Ramsay would treasure it; because it was something that he could take home to his wife and family and treasure it as an evidence that his professional brethren had appreciated what he had endeavored to do and had done for them. It was with great pleasure that Dr. Evans had made these few remarks to express his appreciation of Dr. Ramsay as a gentleman, as a physician, as a legislator, and as a friend of his profession.

The Ethical Aspects of Medical Expert Testimony, Carlos F. MacDonald, M. D., New York City. Dr. MacDonald received a vote of thanks.

The following paper was read by title, its author being absent:

The Significance of the Agglutinating Power of the Blood-Serum During and After Typhoid Fever, George T. Welch, M. D., Passaic.

Adjourned at 10:10 P. M.

The report of subsequent sessions will appear in the September Journal.

To say that a man is known by the company keeps is to tell but half the truth. The man not only known by his company, but he is ade by it. When President Garfield said that Mark Hopkins at one end of a log and a udent at the other constituted a college," he eant that there was something in the personal resence of the famous head of Williams that urred a boy to do his best. The competent acher is the inspiring teacher. He does not mply impart knowledge, he begets enthusism. An education is not accomplished as walls re builded, brick by brick. It is a process of evelopment as much as of acquisition. No al scholar was ever made by committing and eciting. The true scholar always gives out ore than he takes in, and he can only do this s he comes into contact with some quickening ersonality. No musician is ever made by racticing the scales, although none is made ithout it. But the practice is to prepare the hysical and mental potencies of the pupil for aping the bounds of circumstance when the oment of inspiration arrives.—The Interior.

Diagnosis of Congenital Hypertrophic Stenosis of the Pylorus.—The principal condition likely to be mistaken for pyloric stenosis is simple spasm. Here all symptoms would disappear at times, constipation alternate with diarrhoea; dyspepsia is usually present, vomiting is less significant, and the disturbance of nutrition less progressive. The other conditions with which it may be confounded need only be mentioned, viz.: atresia of the pylorus, narrowing of the duodenum, toxic vomiting, and congenital narrowing of the esophagus. The diagnosis rests upon a careful study of the history, particularly the age of the patient at the time of onset; the time and character of the onset, and the symptoms previously mentioned.—William N. Bradley in the New York Medical Journal.

Neuralgia is differentiated from neuritis by the fact that in the latter pressure upon the nerve increases the pain. The pain of neuritis is more constant, and there are peripheral disturbances in the structures supplied by the affected nerve.—Amer. Jour. of Surg.

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ACUTE PYELITIS IN CHILDREN.*

By George B. Philhower, M. D.,
Nutley, N. J.

Dr. Rowland G. Freeman says of acute pyelitis in children: "Any disease of infancy which can pass unrecognized, while under intelligent observation for several weeks, on account of the absence of local symptoms pointing to its location, deserves to be called frequently to the attention of the profession in order that the characteristics of its manifestations may be familiar, and that subsequent cases may not be overlooked."

The purport, therefore, of this essay is to call more particularly the attention of the general practitioners of medicine to this disease which is characterized by rigors, high temperature, awful restlessness, marked anæmia and pus in the urine of very young children. Most of the cases thus far reported have occurred in girl babies under two years of age. Possibly in the whole realm of medicine there is no other disease so frequently overlooked, and which yields so readily to appropriate remedial measures, and which will continue indefinitely unless specifically and correctly treated.

Whether this ailment has always existed in young children, and has not been correctly diagnosed and classified until recently, or whether it is a new affliction of babyhood due to some other disease or influence of modern life, is quite difficult to determine at this time. In any event its history is of quite recent date, none of the earlier text books have indexed it under pyelitis. The first prominent work in which it is found under its own name and properly described is that great book of Holt's, Infancy and Childhood, published in 1897.

Twenty-four years ago the writer was a student in one of the large universities in New York City and frequently attended clinics for diseases of children in another great university. These clinics were held by two professors of world-wide renown and they had almost unlimited numbers of sick children to show us, yet no ailment of these thousands of suffering children presented any symptoms of acute pyelitis as we recognize and describe it to-day. It is barely possible that some of the cases set down in those clinics as malaria, acute intestinal infections, auto-infections, tubercular meningitis, etc., may have been due to acute infections of the kidneys by some bacillus of the pus producing variety. After a quarter of a century in practice, among a large clientele of children, I find all the above-named diseases appearing with the same symptoms as were described in those clinics so many years ago, but I do not recollect any child nor group of children who presented at that time anything like the clinical picture of acute pyelitis of the present time. Even so late as 1906, one of these professors wrote as follows:

"There are in New York a few men who are making this most absurd diagnosis." "Acute pyelitis in young children would be a very serious disease and few children could survive its ravages."

R. G. Freeman, writing in 1904, says: "Its rarity is sufficiently emphasized by the fact that Holt has reported only 3 cases, Huebner 2 cases, and John Thomson, of Edinburgh, 8 cases." Thomson, of Edinburgh, in the *Quarterly Journal of Medicine* for April, 1910, reports twenty-five cases, seventeen of these twenty-five occurring since 1904, and our own Dr. Gray,

*Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 28, 1910.

of Orange, reports nine cases, all occurring in his private and hospital practice during the last two years.

The basis of this paper is six cases occurring wholly in the private practice of the writer since 1906.

Now, all this history of the disease leads up to the pertinent question: Did acute pyelitis exist during all the past centuries since medical history began, and was it never recognized by all the careful observers who have preceded us in the field of children's diseases? What modern condition or modern disease has recently been injected into the lives of these little patients that is playing such an important part in creating this new disease, if it be new, or causing it to be so materially increased if it be old? Let us pause here for a moment and take up the subject of etiology and see what factors we may find there to help us in answering this puzzling question.

Surely from the cases reported, sex is the most constant factor. Thomson's twenty-five cases had twenty-three girls and two boys, all the isolated cases reported, excepting Freeman's, are girls; Gray's nine cases were seven girls and two boys, and my six cases were all girls. Hence, if sex *per se* were the most important factor, the disease would be as ancient as the human race and would have been diagnosed and treated as frequently by the old masters as it is by the new.

The bacillus coli comes next in frequency as a constant factor in the etiology, and, however skeptical we may be as to its being the only exciting cause, we must admit that the bacillus coli traveling along the genito-urinary tract of girl babies is pretty strong evidence. However, there is something more needed, else it would not have been left to modern physicians to have ferreted out this matter, for the colon bacillus is older than acute pyelitis and has always been wandering from napkin to kidney. We are not so sure that its presence in the urine is *prima facie* evidence that it comes from the kidney, for it is most difficult to obtain an uncontaminated specimen from these very young patients. The urethra in these little girls is so very short, and these bacilli are so frequently found in the bladder in which they may cause only bacilluria or, at most, only a cystitis. Still we are compelled to admit that a very large majority of the babies are girls, and that the colon bacillus is always present, but all that does not explain its recent history, nor the comparatively small number of cases that do occur even in girl babies and with the colon bacilli lying directly at the gate of the urinary tract and ever ready to enter.

It is the firm belief of the writer that girl babies and the colon bacillus plus some other factor must all work together in order to produce this serious disease. What new factor, then, has joined forces with the colon bacillus, and either by its depressing effect upon the human system, or, by combining directly with the colon bacillus, is causing the great increase in the number of cases? There is but one new disease and that is influenza. Intestinal diseases may, and do, play some part, but then, they have always existed. Five of my six cases either had had influenza or had been exposed to it, and the pathologist reported the influenza bacillus in the urine in two of the cases. These babies were all bottle-fed, but not one of them had any intestinal trouble whatever.

Well do we all know how very active and disturbing is the influenza bacillus on its journeys through the human body; there can be no worse itinerant turned loose in the tissues of the patient, no organ is safe from its excursions. It goes from nose to pharynx, from pharynx to larynx, from larynx to bronchi, bronchi to middle ear, middle ear to the glands of the neck, thus wandering, wandering, until it becomes the despair of the doctor and the death of the patient.

Those of you who had the pleasure of listening to Professor Holt in Newark a month or two ago, were all impressed with the grave and serious dangers that follow an acute influenza infection. Some of his charts ran for two and three months. Dr. William Hanna Thompson, in a paper on the acute infections of the kidneys by the colon bacillus, read before the Academy of Medicine a few nights ago, stated that the infections frequently came to the kidney through the blood, and that the colon bacillus is sometimes on its way out of the system after it had reached the kidney; in other words, the kidneys were eliminating the bacilli.

In 1905 Professor Thomson called attention to the sudden invasion of the kidney by the bacillus coli during the late stages of typhoid fever, thus causing: "Sudden and alarming attacks of rigors, during which the patients appear to be actually dying." This picture is almost an exact prototype of the one which is witnessed in acute pyelitis. The invasion of the kidney by this bacillus occurs in three ways: (1) By di-

rect transmission from the patient's own bowels to the kidney through the tissues; (2) by the blood-current; (3) and evidently the most frequent route, along the genito-urinary tract. Now, if these statements be true, boy babies have attacks from the first two sources as frequently as girl babies, but the great preponderance of females shows conclusively that the bacillus coli ascending to the kidney through urethra, through bladder, through ureter plus something else, is the direct cause.

That something else is either due to the depressing effect of the influenza bacillus or intestinal disturbances, thus making it possible for the colon bacillus to do injury when away from home, or else it is the combinations of the two or more bacilli. Undoubtedly the colon bacillus has always invaded the urinary tract of female children in this way, and it is only with the introduction of instruments of precision in the laboratory that modern physicians have been enabled to diagnose the disease, for there are no local symptoms to point out its location.

Thomson, of Edinburgh, says: "When a a child's urinary tract is invaded by the bacillus coli we may, clinically speaking, have one of four things: (1) Simple bacilluria, (2) cystitis, (3) pyelitis, (4) suppurative nephritis." Children very frequently have bacilluria and cystitis from the colon bacillus, but they are not so seriously sick and do not present the very alarming group of symptoms which we find in acute pyelitis. The fourth condition mentioned, viz.: suppurative nephritis is caused by an extension of the pyelitis directly from the pelvis to the kidney. Those of you who are interested in the pathology, are referred to Holt's Infancy and Childhood, and a splendid article in *The Quarterly Journal of Medicine,* April, 1910, by John Thomson.

However, whatever the cause may be, the parents of these children are not concerned in either pathology or etiology; what they demand is that we have always such a clear picture in our minds of the group of symptoms which it presents that we will no longer guess for a week or two while the disease is doing irreparable damage to the kidneys, but will relieve them promptly by giving them appropriate treatment.

Apparently these children are taken suddenly, critically ill, but a careful inquiry will generally elicit the fact that the baby was feverish and fussy for a few days with a little cold in the head, or with some slight digestive disturbance. Sudden onset with rigors, pallor, very high temperature, is the group that should arouse us to the grave dangers that threaten these little patients. The picture is almost a typical one of acute lobar pneumonia and we should be forgiven for calling it pneumonia for two or three days but no longer, for pneumonia always gives chest symptoms within a few days, and is rarely ushered in with a chill in patients of this early age; and, furthermore, pneumonia of that type terminates by crisis in five or six days. The great prostration of pneumonia is not present in acute pyelitis and there is not the loss of appetite as in pneumonia. A marked pallor appears almost immediately; even so striking is it that it may be considered practically pathognomonic. John Thomson, of Edinburgh, says: "I have never seen a chill in a child, under two years old, whose urine was not loaded with colon bacilli." Restlessness and an awful discomfort, even during the remissions of fever, are very characteristic. Two of my patients kept the family up for two whole nights while the rectal temperature remained normal. This clinical group of symptoms once witnessed and carefully studied is not easily forgotten by the medical attendant and suggest the trouble to him very early in its course. The crucial test, however, is in a microscopical examination of centrifuged urine, in which the presence of pus, colon bacilli or influenza bacilli confirms the diagnosis and places the whole question well beyond the point of debate. The presence of these pus producing germs in the urine suggests cystitis, but it is not cystitis, for very few of these children have any trouble at all in urinating, and all the symptoms are too severe.

A *sine qua non* of an accurate diagnosis is to have the urine centrifuged. A microscopical examination of non-centrifuged urine will not always discover the trouble even though pus be present. According to Dr. George E. Brewer, the disease is almost invariably unilateral and the unaffected kidney sends down seventy or eighty per cent. of the urine, hence, unless it be centrifuged, the white cells may not appear in the field of the microscope. Professor William H. Thomson calls attention to the fact that the laboratory diagnosis of acute nephritis is not always the one that should be accepted by the clinician, and that it is only when the pathologist is specifically requested to examine for colon bacilli, and pus, that the true ailment is revealed. I would now add influenza bacillus to the list.

This matter is important and should not be neglected. It occurred in two of the writer's six cases that several microscopic examinations did not reveal the presence of pus until the urine was centrifuged. The prognosis follows the diagnosis and seems to be good in the cases that are properly diagnosed and treated before any serious damage to the kidney has occurred. It is, however, a very serious affliction and even in the event of an early abatement of the acute symptoms, the children are delicate and anæmic for a long time. The six cases have been under observation all the time and while five of them promptly recovered from their kidney trouble, they did not recover from their anæmia and did not grow strong and robust for many months.

There is some mortality immediately attending the disease. Thomson had three deaths in his series of twenty-five, due directly to the disease spreading to the kidney. From the very severe symptoms, it would seem that if the ailment were not properly diagnosed and treated the mortality would be very high. It was only the hopeful temperament of one of my consultants that kept one of my patients alive, I am sure, for I had never seen such a desperately sick baby recover. Here is the child's record for one day of her clinical symptoms at the bedside, and the analysis of her urine and blood in the laboratory. It is interesting to note how well they correspond in tracing the course of the disease. May 1, 1906, "Baby has rigors every six hours, temperature has remained steadily between 105 degrees and 106 degrees Fahrenheit all day, pulse not countable, seems to be above 180 per minute, respirations between 50 and 60, is in a stupor, the child apparently cannot recover, this is her fourth week of sickness." That is taken directly from my notes. Here is a letter from my consultant of the same date: "My dear Dr. Philhower: The blood count shows: Leucocytes, 42,000; polynuclears, 67 per cent.; large mononuclears, 6 per cent.; lymphocytes, 27 per cent.; total, 100 per cent. Urine, turbid; acid, 1012; albumen, 1-2 per cent.; pus, abundant; some epithelium.

"The blood indicates a more active response to the infection, approaches nearer to a characteristic picture of pus." "The next 48 or possibly 72 hours ought to show some definite result of the treatment." The baby did begin to improve in a day or two and went on to full and complete recovery. This picture is thus given in full, for it is the usual one in neglected or very bad cases.

The treatment is as specific, definite and prompt in its results as is antitoxin in diphtheria, mercury in syphilis, or quinine in malaria. Citrate of potash in large doses, sufficient to neutralize the strongly acid urine, will within a week cause the temperature to come down to normal and a marked improvement in all the symptoms will immediately occur. Urotropin combined equally with benzoate of soda every three hours is even better than the citrate of potash in the cases in which the colon bacilli predominate. The restlessness and discomfort have been relieved by hot mustard foot baths and, as Professor William H. Thomson says: "That best of all diuretics," very hot water given high up in the bowels with a rectal irrigator. Large amounts should be given. The babies do not object to it, and the kidneys never fail to send down a marked increase of urine, the temperature is always reduced and many hours of comfort are given to the little patients. One baby had a well-marked tumor in the left side just below the spleen, in all probability a hydronephrosis, which was promptly reduced by high rectal irrigations.

A note of warning should be sounded just here, not to continue the urotropin or the saline treatment too long, as they both prevent a return of the red cells in the blood.

It is not necessary to continue these remedies until all pus has disappeared from the urine, as is generally taught, after the temperature remains continually normal for a week, even though pus still be present in the urine, the specific treatment may be discontinued and a restorative plan substituted. It is most difficult to overcome the anæmia, it seems to be almost of a pernicious variety. Out-of-doors life, beef juice, scraped meat, green vegetables—spinach, peas and string beans—should be given if the child's age and digestion will permit. Pepto-mangan is the best blood maker for the little patients.

If the general practitioner will keep in mind that all obscure ailments in children, or cases in which local symptoms do not appear, may be acute pyelitis, his field of usefulness will be materially increased to his patients and he will be fully rewarded by doing work that is brilliant in at least one respect. Our work is becoming more and more expert each year, and, with the aid of the pathologist in the nearby laboratory, we should find less and less use for the

specialist in making accurate diagnoses. For generations the mistakes of physicians have been made practically at the same point in differential diagnosis or in treatment.

Thus has it been in overlooking acute pyelitis in children, but now that the examination of urine is so easy, it should never be neglected in any case in which the diagnosis is in doubt.

Case I.—M. B., age 8 months. A twin, breast-fed until her sickness in her eighth month. Temperament, not as bright and active as her sister. Mother noticed a different stain upon her napkin from that of her sister. She was very fussy and cross for some time before her acute and severe ailment. No history of cold or digestive disturbance. Sudden onset with high fever and pallor, rigors appearing during her second or third week. No chest symptoms at any time, though pneumonia was suspected and looked for constantly. Malaria and typhoid talked about and suspected, but not confirmed. Pus discovered in her urine during the third week. Vide report from consultant in body of paper. Urotropin cured the baby of her fever, distress, and pus in her urine in two weeks. Anæmia continued for a long time. Child well at present.

Case II.—Baby S. Y., age 7 months, only child, bottle-fed from birth, no intestinal nor digestive disturbance at any time. Severe attack of acute coryza early in November, 1908, followed by acute capillary bronchitis about the middle of November, which lasted till Thanksgiving Day. Had fever at intervals of five to seven days until Christmas, when she had a chill, quickly followed by high fever, 106 degrees Fahrenheit, which led to an examination of urine. Pus, colon bacilli and influenza bacilli were found in abundance. Urotropin and benzoate of soda, 1 grain each every three hours, in a teaspoonful of water, caused the temperature to come down by crisis in a week and the pus and colon bacilli to wholly disappear in three weeks. No relapse. Mother stated that baby was not entirely well until hot weather. Blood count not normal till May of 1909. Patient in perfect health at present time. Undoubtedly a case of influenza infection.

Case III.—P. P., aged 11 months, second child of healthy parents, bottle-fed, digestive disturbances from birth, but no diarrhœa at any time. Apparently sudden onset, high fever, 106 degrees Fahrenheit, marked anæmia, rigors coming on in a few days, no chest symptoms, urine loaded with pus and colon bacilli. Treated with urotropin and benzoate of soda, the temperature came to normal in ten days. There were relapses at intervals of ten days for six weeks. This baby was not wholly well for one year. Has remained well for the past year.

Case IV.—E. M., age 2 years. Measles in April, 1909, temperature normal for ten days, followed by a sudden rise—106 degrees Fahrenheit, no chest symptoms. The awful pallor suggested acute pyelitis. Urine loaded with pus and colon bacilli. Specific treatment with citrate of potash, 60 grains in 24 hours, cleared up the temperature, pus and bacilli in ten days. Blood count not normal for two or three months after. Child perfectly well at present writing.

Case V.—Baby K., age 7 months, fourth child, of very low vitality at birth and during its first six months of life. Bottle-fed and with great difficulty throughout its first year. Severe attack of influenza pneumonia, lasting six weeks, in November, 1908, when it was 7 months old. Recovery apparently perfect, enjoyed good health until August, 1909, when it had two chills while at Lake Hopatcong. Mother treated it with a fever mixture which contained ten drops of sweet spirits of nitre and two grains of citrate of potash in each teaspoonful. The child was apparently cured and did fairly well until November, 1909, when it had a severe chill quickly followed by a high temperature, 106 degrees Fahrenheit, rectal. Acute lobar pneumonia was diagnosed in two days with a perfect shower of rales at the apex of the lung, crisis on fifth day. Temperature remained normal for two days, during which time the child was awfully uncomfortable, seemed to be in great distress. Pyelitis was suspected from the marked pallor and great distress of the patient. Pneumonia of an influenza type was diagnosed with the prediction that it would run twelve or fourteen days. The chart herewith exhibited shows the course of the pneumonia. Pus and colon bacilli in abundance in the urine on the eighth day after the initial chill. Specific treatment of urotropin and citrate of potash, 2 grains every three hours, brought temperature to normal in 28 days. The pus and colon bacilli did not wholly disappear from the urine, though the baby had no temperature for five months, and seemed to be doing well excepting her very marked anæmia, which continued.

April 27, 1910, the pathologist says:

"There is a much smaller quantity of pus than in any of the other specimens." "It contains a faint trace of albumin, but no casts." "A small number of staphylococci and bacilli are also present." This baby died on June 3, 1910, of suppurative nephritis, due to the direct extension of the pyelitis. That was the one death in my six cases, or about the same mortality as obtained in Thomson's twenty-five cases.

Case VI.—Baby B., girl, age 10 months, bottle-fed and with great difficulty, though doing very well at the time of its illness. Sudden onset with high temperature—106 degrees Fahrenheit, rectal—following a cold in the head. A discharge of pus from the right ear brought temperature to normal in two or three days, where it remained for four or five days, when it went up again to 106 degrees Fahrenheit, and pus discharged from the left ear. Temperature came down immediately, only to rise again in a week. Pyelitis was suspected from the great pallor and awful restlessness. Pathologist reported urine loaded with pus and colon bacilli and influenza bacilli. This was undoubtedly a case of influenza wandering. Results of treatment not known, as the case was taken out of my hands at the end of a month.

DISCUSSION.

DR. HENRY L. COIT, Newark, opening the discussion, said that it was profitable to hear cases related that emphasize the clinical picture, so that no man in the room would be likely to miss another case of acute pyelitis. Dr. Coit believed it very important to recognize the fact that the innocent character of the colon bacillus may be changed into a type that is not only vicious, but virulent, and also to consider the portal of entry into the pelvis of the kidney. He thought that the bulk of evidence was in favor of the urethra and the bladder as a means of access of the pathogenic bacilli to the kidney. Additional evidence in support of this view was constituted by the fact that the majority of cases of acute pyelitis are found in girls. Dr. Coit did not, however, discredit the possibility of the transudation of the influenza bacillus by another channel; though most of the cases that he had seen had impressed him as having been due to diaper infection. One point in that connection that Dr. Coit wished to call attention to was the statement by Dr. Philhower that John Thompson, of Edinburgh, had said that he had never seen a child under the age of two years without colon bacilli in the urine. Dr. Coit wished to know how the urine was obtained. Dr. Edward J. Hill, of Newark, had once opened Dr. Coit's eyes in regard to this matter. He had a sample of urine which was supposed to indicate tuberculosis of the kidney. This diagnosis was questioned by a man who was familiar with smegma bacilli, which are in form like the tubercle bacilli. Dr. Ill immediately settled the question by catheterizing the patient and obtaining the urine uncontaminated. Dr. Coit then related an interesting case of broncho-pneumonia, which lasted four weeks. A little cough remained, when suddenly the child had a case of malaria, which began with a chill. The temperature soon rose to 105 degrees, and dropped the next day to normal. The physicians thought of pus, but did not find any evidence of hepatic abscess or of pus elsewhere. They then thought of malaria, and had the blood examined, but no plasmodia were found. It was subsequently examined again, with a negative result. The father of the child, who was a physician, was dispatched to New York to take a sample to another observer, who unquestionably determined the presence of æstivo-autumnal parasites. Hypodermic medication with quinine soon brought the condition under control. The child afterward developed another course of fever, and the nurse found a yellow spot on the diaper. The urine was examined, and found to be loaded with pus; so that the child had pyelitis in the course of a case of malaria. Dr. Coit thought that almost any sensible practitioner would treat a case of acute pyelitis logically and sensibly. His own treatment might be remembered by repeating "w" three times—"water, wait and watch." Urotropin could be used, if desired.

DR. D. J. MILTON MILLER, Atlantic City, did not think it was yet recognized by the profession that pyelitis in children is a common cause of unrecognized fever—probably, the most common, outside of otitis media. When a child has a fever that one cannot account for, it is well to examine the urine. Acute pyelitis is a very common cause of extreme anemia in infants. A mild grade of anemia is a prominent feature of acute cases; but in long-standing cases, it produces an anemia, approaching in its blood-picture that of pernicious anemia, particularly when the kidney is also affected. Dr. Miller could recall a case under his care in the Children's Hospital, in Philadelphia, in which a child was admitted quite ill and a diagnosis of pneumonia was made. There were leukocytosis, rales and undefined signs in the chest. The urine was examined, but internes are often careless in examining urine, hence the report was negative. The blood-count was 900,000 red cells and 20 or 30 hemoglobin. The child died, and at the autopsy there were found multiple abscesses of the kidney and pyelitis. Micro-organisms were present, but it was not determined what kind they were. In another case which occurred in the same hospital, in the dispensary, under the care of Dr. H. C. Carpenter, the child had a marked anemia and a very low hemoglobin count, and it was this that led to the recognition of the cause of the anemia, viz: pyelitis. This child recovered.

As to the etiology of the condition, Dr. Miller said that he had no doubt that the influenza bacillus may be, in a measure, the cause of the disease; but he thought that Dr. Philhower should remember, when wondering why the condition had seldom been recognized before, that the urine was not formerly examined. No one thought of examining a baby's urine in the past, even in hospitals, and hardly any one does so now, especially in private work.

Dr. J. Finley Bell, Englewood, said that he did not believe it possible to make an etiological diagnosis by simple microscopical examination of the urine. Cultures must be made for this purpose, and consequently the urine must be obtained by catheter. In almost every baby's urine, even the diapers are not worn for the time, colon bacilli will be found if the urine be cultured. Dr. Bell was not willing to accept the bacillus coli as the cause of pyelitis in children, although this bacillus is present in almost all of the cases. Their presence, however, does not establish them as the cause of the disease, any more than the presence of streptococci in certain scarlatinal complications establishes that organism as the cause of scarlatina in which streptococcus merely plays a secondary role. It is certainly within the range of possibility that the presence of bacillus coli in the urine from these cases is purely incidental.

One important point to which Dr. Bell wished to call atention was that if the practitioner waits for chills to direct his attention to this disease, he will overlook a number of cases. In most of the cases Dr. Bell has had, recognizable chills have not been present. The temperature curve in these cases is, however, characteristic. It will probably run along from 99 to 100 degrees for hours, possibly days, without other evidences of illness, when suddenly the temperature will shoot up to 104 or 106 degrees and as suddenly subside, to be repeated after a number of hours or days. This course may be followed for weeks, before a well pronounced anemia is noticed. Such a temperature record calls for a prompt examination of urine, not once but several times, as pus may be absent occasionally.

If pyelitis in children is recognized early, they will get well promptly under urotropin. Small doses of saccharin in additon to the urotropin enhances the action of the latter, notably in cases where the urine is alkaline or neutral.

Dr. Frank W. Pinneo, Newark, referred to two papers that had recently appeared, both of which pointed out the need of a more accurate urinalysis in children. If this were made more frequently in diseases of a febrile character, much valuable information might be obtained. It is quite necessary to secure the urine by means of the catheter. The differential diagnosis between pyelitis and cystitis is not easily made without the aid of the microscope. Like the respiratory tract, the urinary tract in children is subject to bacterial diseases throughout its entire extent, and perhaps cystitis does not occur apart from pyelitis, as in an adult.

The Urine in the Diseases of Infancy.

In an anaylsis of the urine in 667 children, Morse and Crothers, of Boston, have found that, putting aside diseases of the gastrointestinal tracts, albuminura and casts are more often found in pneumonia and meningitis than in other acute diseases of infancy. They disagree with other writers on the frequency of nephritis following otitis media and eczema. They also show that in infancy nephritis rarely produces edema, while conversely, edema in infancy is usually due to some cause other than disease of the kidneys.

THE SIGNIFICANCE OF THE AGGLUTINATING POWER OF THE BLOOD DURING AND AFTER TYPHOID FEVER.*

By George T. Welch, M. D.,
Passaic, N. J.

There is an impression abroad among the laity, that so long as the Widal test gives the typhoid fever reaction, there are typhoid bacilli remaining in the system of the individual from whom the culture was taken, that he is a menace to the health of the community, and that some measure should be taken to isolate him from his fellows. Sensational reports in the daily newspapers of typhoid carriers have disordered and made apprehensive the public mind on this subject. It is true that bacteriologists have occasionally reported the presence of typhoid bacilli in the contents of the gall bladder and in the urine of persons some time after they had recovered from all the clinical manifestations of typhoid fever, but this was most unusual. On the other hand, it is the usual matter of observation that, while the Widal test is found inoperative for the first five or eight days in a case of genuine typhoid fever, it may be found to produce agglutination from that time on, for months, or even for two or more years afterward.

The reason for this is that the blood serum of a case of typhoid fever cannot produce agglutination of the typhoid bacilli, until nature has sufficiently propagated the antagonistic bodies that neutralize the disease germs in the system of the patient, which occurs about the end of the first week; but having reached this point, overproduction of these antagonistic bodies continues for an indefinite time, and renders the blood serum capable of agglutinating long after the disease has subsided. And, while these antagonistic bodies remain, the individual that harbors them is immune from typhoid fever.

It is our usual practice now, in a suspected case of typhoid fever, to subject the blood to what is known as the Gruber-Widal test, and if agglutination occurs, we feel confident that a diagnosis has been established, and we treat the patient accordingly. To be sure, we have cases sometimes in which agglutination does not occur, because the antagonistic bacilli have not yet sufficiently developed to produce

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their paralyzing effect on the typhoid germs, and yet the symptoms appear too indicative of the disease for us to slight the fact because the bacteriologist has failed to furnish the proof. At best we look upon his statement as a Scotch verdict, and continue to nurse our suspicions.

On the other hand, agglutination sometimes occurs when there is no other known factor to lead us to believe that we are dealing wih a case of typhoid fever. As Jordan says: "Not bacteria only, but other free cells are clumped by both normal and immune sera." Park observed that the normal healthy blood of a young horse has been known to agglutinate paradysentery bacilli, in a dilution of 1:1000. The Widal test, then, is not absolute. We may receive it as being almost so, but the exceptions must keep us on our guard. We must show a proper discrimination when we are on debatable ground.

Let us suppose that we have a case of obscure disease, and in trying to clear up the matter, we resort to bacteriological examination of the blood and discover that in the presence of a culture of typhoid bacteria, agglutination occurs. Are we to believe that typhoid fever exists? It may be that the patient had typhoid fever six or twelve months before; a case so slight that it was never suspected, and that the agglutination is the result of the presence in the blood of immunizing or germicidal cells remaining after the fever and that no living bacilli of the disease are now present.

I admit that the bacteria of this disease may continue to exist in the bladder or gall ducts for a long time, in occasional cases, after the patient has apparently resumed his normal status. The bacteria have been isolated from the urine and from the gall bladder, and have been found in the fæces, months after the disease has ceased to harass the individual, and in such a case we are not surprised to find that sufficient anti-bodies remain also, to produce the phenomenon of agglutination.

But in those cases where the live typhoid bacilli cannot be found by the skilled microscopist, how can we escape the conclusion that the agglutination is the result of the lingering immunizing bodies in the blood sera?

I have had under observation recently cases of long continuance of the agglutinating power of the blood after recovery from typhoid fever. One of them, ill with the fever in April and May, 1909, made a gradual recovery and went to the Adirondacks to recuperate in July. The blood was subjected to the Widal test at intervals to ascertain when agglutination would cease. This examination was made by our competent State bacteriologist some eighteen or twenty times, and always found to produce agglutination. My client eagerly desired these tests made, but could not divest himself of the popular suspicion that they signified the presence of typhoid bacilli in his body, and although he grew in weight and strength, the monotonous intelligence from month to month that "the blood shows the typhoid fever reaction" "got upon his nerve," as the vernacular is, and I abandoned the rehearsal for a time, while I gave him increasing doses of urotropin with the view to dislodging and annihilating the typhoid bacteria from the bladder and gall receptacles, and from the intestinal tract, if they were still present. This treatment he cheerfully carried out. At the end of six weeks I sent another blood specimen to the bacteriologist and received his customary reply.

I now sent, after giving a brisk dose of calomel, the fæces for one day and the urine for twenty-four hours, to the laboratory of Dr. E. E. Smith, in New York, for extensive examination for typhoid bacilli. On February 4th, 1910, I received his report with his statements: "The urine sent for bacteriological examination does not show the presence of typhoid bacilli. The fæces sent for examination for typhoid bacilli were subjected to suitable treatment for the isolation and identification of the typhoid bacillus, and no typhoid bacilli were found." On February 7th, another specimen of the blood was sent to the State bacteriologist and the stereotyped reply that "the blood shows the typhoid fever reaction" was received. And it was not until April 24th, more than one year after the disease first appeared, that the blood was declared not to show the typhoid reaction. It had at length lost its agglutinating power. The immunizing cells in the serum were now eliminated.

If after conclusion of a case of typhoid fever, a laboratory examination of the urine and fæces should not disclose the presence of typhoid bacilli, I should say that we would be justified in believing that the immunizing power of the blood no longer indicated any typhoid condition, but was an evidence of the power of the individual to resist the typhoid bacilli. It is probable that if any fugitive colony of these bacilli remain in some other nidus of

the system, they might in time reappear in sufficient number to be appreciated by the patient worker in the laboratory, but these bacilli must find scant subsistence in the fluids of the body that have been worked over and over by the generations that have at length been starved out, and whose remains may be detrimental to these diminishing and degenerating bacteria.

And now as to "relapses" in typhoid fever, which usually occur after the temperature has subsided to normal, and after some indiscretion in diet has turned loose a host of enzymes and toxins of undigested food upon the raw and sorely ravaged mucous membranes of the diseased intestines. The resulting auto-intoxication and fever from gastro-intestinal inflammation has been universally accepted as a re-invasion of the typhoid bacilli and many plausible theories have been offered for the renewed activity of these exhausted bacteria. Hamernijk suggested "that the relapse is a reinfection from sloughs passing from the small intestine over healthy lymphoid follicles in the larger intestine"—as if anything healthy remained in those tortuous, hot, reeking tubes, during the dog-day solstice of typhoid fever! And Murchison combated the theory by pointing out that the fresh lesions are sometimes higher up in the ileum than those of the first attack. Liebermeister believed there must be typhoid poison remaining latent somewhere in the body, awaiting an exciting cause to bring it into activity.

Futtner expressed the opinion that "relapses are caused by typhoid bacilli entering the intestines with the bile." As if the bile was not constantly flowing during the whole of the long fever, and also continuing to be excreted, containing colonies of the typhoid bacilli for months after the disease has run its course, without bringing a reinfection! Indeed, it is quite probable that the typhoid bacilli find a proper food in the gall bladder, which they could not find in the ravaged coating of the intestines, and their forced migrations through the normal outflow of the bile leads to their destruction. And if this is allowed, we must also agree that the germicide bodies cannot live in the gall bladder, since the typhoid bacilli are not destroyed by them in this receptacle.

Anyway the victim has become immune, and he can carry colonies of typhoid bacteria in his gall bladder, for a varying length of time, from six weeks to six months or more, without toxic effect to himself, though he may be a menace to others. He is immune much after the degree of safety in time of war, of a loyal householder who has billeted upon him a squad of the enemy's troops, from which his compatriots only must suffer the consequence.

Instead, then, of there being a relapse in typhoid fever except in some very rare instances which one may admit but not demonstrate, it is, I believe, a recrudescence of fever, caused by auto-intoxication, and usually runs a short course, and with recovery as the rule.

However virulent the toxins of one set of bacteria may be, it is only in the first days of the disease that they generate, that their violence is most exhibited, for nature always appears to set at liberty another army of bacteria that is antagonistic, and which in time neutralizes and destroys the invaders. And we may well agree with Muir that in the progress of typhoid fever, antagonistic bodies are developed in the blood of the patient, which have a paralyzing or devitalizing action on the typhoid bacilli. These antagonistic bodies may not be seen through the most powerful lens, but their effect upon the active mobile condition of the typhoid bacilli, when the blood serum from a typhoid patient is added to a properly diluted culture of the latter, is readily observed. At first the typhoid bacilli can be seen under the microscope darting about in all directions, but when the serum is added, the movements gradually become slower, the bacilli begin to adhere to one another, and finally motion ceases and agglutination in masses results. The death of the typhoid bacilli is thus demonstrated similarly to occur in the human system, and the progress of recovery marks the stages of the final annihilation of the millions of these pests. So extensive must the agglutination be that one observer inclines to the belief that the thrombi that have been known to produce death in the later stages of the disease, are made up of aggregation of clumps of the dead bacilli.

The individual recovering from typhoid fever is usually immune from the disease thereafter. This immunity, says Jordan, is associated with the acquisition of the body-fluids of a specific germicidal power. Pfeiffer's experiments have shown that typhoid bacilli introduced into the peritoneum of an immunized animal are speedily dissolved and disintegrated by the peritoneal fluid. And this, I think, is a strong

argument for the use of immunized serum by injection into typhoid patients early in the disease. For if even the disease is only strongly suspected, the injection of such a serum can do no harm, since it will attack no other germ within the body except the typhoid group of bacilli. By this means we should be able to neutralize the toxins of the disease and abort the fever. As it now is, because of the extreme tenuity of the antagonizing bacteria, the blood serum is not able to agglutinate the typhoid bacilli earlier than the fifth day, and often not until the eighth day, and sometimes later. The slow-developing antagonistic bodies might be fortified and stimulated by earlier injections of this serum, and made to speedily overwhelm the typhoid bacilli and thus rescue the patient from his dangerous position in a few days.

PRIZE ESSAY.

Read at the 144th Annual Meeting of the Medical Society of New Jersey, June 28, 1910.

THE OPHTHALMIA OF THE NEW-BORN; ITS CAUSATION, PREVENTION AND TREATMENT.

By ELBERT S. SHERMAN, M. D., NEWARK, N. J.

The ophthalmia of the new-born is an inflammation of the conjunctiva occurring during the first few days after birth. It may be catarrhal or purulent.

The catarrhal form is characterized by a hyperemia or slight swelling of the conjunctiva with usually slight but sometimes considerable mucoid or muco-purulent secretion. The more common causes, according to Axenfeld[1], are mechanical or chemical irritants such as slight injuries during birth or careless handling of the eyes, irritating vaginal secretions, soapy water, etc., or infection by the more harmless germs such as pneumococci, colon bacilli or staphylococci. Over-enthusiastic prophylactic treatment may cause it. An early bacteriological examination of these cases is of some importance as they sometimes simulate a beginning mild form of gonorrheal conjunctivitis. The duration is usually brief and the danger of complications slight. Simple cleansing with boric acid solution is usually all the treatment required. In the more severe cases, 4.0 protargol or 0.2 zinc sulphate solution dropped in the eyes twice daily and the everted lids brushed with 1.0 silver nitrate once daily, is helpful.

Of much more importance is the purulent form of ophthalmia; the condition commonly called ophthalmia neonatorum or blenorrhea neonatorum. Benjamin Gibson[2], of Edinburgh, in 1807 called attention to the maternal vaginal discharge as the cause of this disease. Nothing effective was accomplished in the way of prophylaxis, however, until the announcement of the Leipsic obstetrician, Crede[3], of his epoch-making discovery. Previous to the introduction of Crede's method, the principal preventive measure was ante-partum and intra-partum douchings of the vagina and in maternity institutions about 10 to 12 per cent. of the babies had ophthalmia. After numerous experiments with various antiseptics, Crede adopted silver nitrate in 2 per cent. solution which, after cleansing the lids, he dropped in the eyes of every baby, and his ophthalmia cases fell immediately below 0.5 per cent.

As long ago as 1884, Dr. Charles J. Kipp, in an essay read before this society, called attention to the Crede treatment and outlined an excellent plan of prophylactic and curative treatment for this disease and suggested that the society recommend the publication by the State Board of Health of circulars for the laity giving information as to the cause and prevention of ophthalmia of the newborn—such circulars as are now being distributed by many organizations here and abroad.

That Crede's teaching did not fall on barren ground is certain, but that some of it fell by the wayside is evident from reports of eye-clinics and schools for the blind. It is almost universally agreed that this is practically a preventable disease, yet an investigation by the Committee on Ophthalmia Neonatorum of the American Medical Association[4] showed that in 1907 over 25 per cent. of the new admissions to ten of the principal schools for the blind in this country were due to ophthalmia neonatorum. At the census of 1900[5] there were 64,763 blind persons in the United States. Of these 7,369, or 11.4 per cent. were blind at birth or became so before reaching one year of age. It has been estimated[6] that between 6,000 and 7,000 were blind from this preventable disease. There are many others with eyes partially blinded by the same cause. On account of such facts there has been a strong revival of interest in the prophylaxis of this disease.

Ophthalmia neonatorum is usually caused by bacteria, the organism most frequently found being the gonococcus. Sydney Stephenson[7], in his exhaustive essay on this subject, says that in round numbers 65 per cent. of cases are caused by the gonococcus, 10 per cent. by the pneumococcus, 5 per cent. by the colon bacillus, 5 per cent. by other pathogenic organisms and 15 per cent. are negative bacteriologically.

The eyelids become contaminated during the passage through the vagina and the actual infection of the eyes usually occurs after birth, for, in the majority of cases, the eyelids at birth are closed and sealed by the vernix caseosa[8] or the fatty Meibomian secretion[9]. Exceptions are more likely to occur in face or breech presentations, instrumental deliveries and prolonged labors. There are rare instances of intra-uterine infection. In other cases the infection occurs hours or days after birth through contaminated fingers, dressings, towels, etc., or from the water of the first bath. These secondary infections comprise 10 to 32 per cent. of all cases[10].

The disease is more frequent among the poor, and in this country among the foreign poor. Crede[12] said, "It occurs seldom in the higher walks of life, frequently among the proletariat, and is an extremely burdensome annoyance and care in maternity institutions." Premature and feeble babies are more susceptible and are less resistant to its ravages. Its prevalence bears a close relation to the prevalence of gonorrhea[13]. Therefore, there are proportionately more cases in an urban than in a rural population[14]. On the other hand, there are more damaged eyes among country-born than among city-born babies[15].

Mayou gives the incubation period of the gonococcus as one to three days and says: "Therefore, cases occurring after the third day may be regarded as cases of secondary infection and due to negligence on the part of the nurse and not on the part of the medical attendant." Fuchs[11] gives five days as the maximum incubation period.

Statistical information on ophthalmia neonatorum is all based on hospital work. The only exception is a series aggregating 12,000 births collected by Harman[16], of London.

To ascertain the true conditions in private practice, the writer has interviewed about fifty acquaintances, all active practitioners in this State, both city and country. An effort has been made to get figures as accurate as possible. Some are only approximate, but probably not far from correct. A number of physicians have kindly looked up their records and given exact information. As to their methods of prophylaxis these physicians may be divided into three classes:

(1) Those who either give the eyes little or no attention or rely on simple cleansing, and seldom or never use prophylactic drops; (2) those who use drops in suspicious cases; (3) those who usually or always use the Crede or modified Crede method. Their combined experience is given in the following table:

	No. of physicians.	No. of births.	Cases of disease.	Per cent.
Class 1..	33	39,504	127	0.32
Class 2..	6	3,050	29	0.95
Class 3..	11	3,154	6*	0.19
Total..	50	45,708	162	0.35

Damage to Eyes—Class 1, one child both eyes blind, two children one eye blind, several others damaged; Class 2, several eyes damaged; Class 3, none.

*Drops had been omitted in every case.

Several in Class 1 have been in practice thirty or forty years and their births run into the thousands. Others employed the Crede method early in their practice and later discontinued it. Most of Class 3 have been in practice only a few years. The percentage of ophthalmia as compared with the best hospital statistics is very small. The total number of births about equals the number of births in New Jersey in one year.

An examination of hospital records shows that ophthalmia of the new-born is decreasing. At the Newark Eye and Ear Infirmary during the decade ending 1899 there were 36,134 patients in the eye department and of these 303 were cases of ophthalmia neonatorum. During the next decade ending 1909 there were 36,707 patients and only 168 cases of ophthalmia neonatorum.

PREVENTION.

That the Crede method is effective when properly carried out has been proven by obstetricians in many thousands of cases and, in a modified form, is almost universally used in hospitals. That it is not employed by many physicians in private practice is well known. Some of the reasons given for its unpopularity are: (1) Frequent and troublesome cases of catarrhal conjunctivitis as the result of the silver nitrate; (2) that it is unnecessary, ophthalmia

neonatorum being rare in private practice; (3) that it does not always prevent ophthalmia; (4) that as ophthalmia neonatorum usually implies immorality on the part of at least one of the parents, the use of a prophylactic would be offensive to people of good morals.

It cannot be denied that a 2 per cent. solution of silver nitrate frequently causes considerable conjunctival reaction. When the writer was an interne in a hospital with an active maternity department, in which the Crede method was used, the cases of "silver catarrh" were numerous and very troublesome. This objection has been overcome by decreasing the strength to 1 per cent., which Stevenson[17] has shown to be as effective as the 2 per cent. solution and causes almost no catarrhal conjunctivitis. This solution, in small amber-colored bottles with an eye-dropper, is now distributed gratuitously to physicians and midwives in New York by the State Board of Health. Protargol and argyrol in 10 and 25 per cent. solution, respectively, are non-irritating and, according to good authorities [18 19], are efficient, although the latter has been found unsatisfactory by some observers. Of it de Schweinitz[20] says: "The reviewer is acquainted with the practice of three maternity hospitals in all of which argyrol has been abandoned as a prophylactic agent because it is entirely unsatisfactory and a modified Crede method has been re-introduced." Careful laboratory experiments conducted at the instance of Professor Edwin B. Cragin[21] have confirmed the clinical evidence that 5 per cent. protargol, 20 per cent argyrol and 1 per cent. silver nitrate are all quickly bactericidal to the gonococcus. Protargol is also effective with the staphylococcus but not with the streptococcus. Argyrol was shown to have practically no effect on either the staphylococcus or streptococcus, but the silver nitrate solution was bactericidal to all three germs and to the gonococcus in solutions as weak as 0.25. Mercury bichloride 1-4000 is also a safe prophylactic.

The most common reason advanced for not using drops in private practice is that they are unnecessary. There can be much said on both sides of this question. It is true that ophthalmia neonatorum is a rare disease in private practice, but when it does occur it is more likely to lead to blindness, especially among the poor, because it often does not receive as prompt treatment as in hospital practice. It is also true that careful cleansing without the use of silver is very efficient. Snell[22] and others have reported, with careful cleansing methods, results almost as good as the best results with the Crede method. Among the physicians interviewed by the writer, two have each attended over 1,400 confinements in a city practice among all classes of patients. Both rely solely on careful cleansing of the eyes. Neither has ever had a case of ophthalmia neonatorum. Another has had 750 confinements with no ophthalmia. Another is a country practitioner who has attended about 1,500 confinements and has never seen a case of ophthalmia neonatorum, except in consultation. He never uses drops.

Notwithstanding such reports, blindness from ophthalmia of the new-born is constantly occurring and many of the cases are from the private practice of physicians. Much of the blame for blindness from this cause has been placed on the midwives and quite justly, but it is known that physicians are often to blame. Of the 116 cases of ophthalmia neonatorum investigated last year by the Social Service Department of the Massachusetts Charitable Eye and Ear Infirmary[23], 95 were from the private practice of physicians and most of the others had been attended by dispensary physicians. Stephen Mayou[24], of London, investigated 162 cases which occurred before the third day and found that 90 had been attended by medical men and 72 by midwives. A few years ago at an eye-clinic* in this State, a series of cases were investigated as to the attendance at birth, and in a considerable proportion the attendant was a physician. The writer has very recently seen two children in families of fair circumstances one of whom, a baby, will probably be blind, and the other, a pretty little girl of ten years, has one blind eye and the other badly damaged. Both had ophthalmia on the third day. In each case a physician was in attendance but, as far as could be learned, no drops were used. It requires the occurrence of only one of these calamities in his practice to convince a physician of the wisdom of not omitting any detail of prophylaxis, the neglect of which *may* mean seventy years of darkness and unhappiness for the unfortunate victim. A friend of the writer stopped using drops early in his practice and attended 511 confinements with 4 well-marked cases of ophthalmia. The fourth case resulted in blindness, for which he felt that he was to blame. He has since attended 279 births, using 2 per cent. silver nitrate in each case, and has had no more ophthalmia, although the occurrence of "silver catarrh" has been frequent.

*Newark Eye and Ear Infirmary.

Many physicians use drops only in suspicious cases. When the physician knows his patients well, this seems safe, but if he depends on their statements or on a physical examination to exclude gonorrhea, he may be misled. Gynecologists[25] tell us that latent gonorrhea in women is exceedingly common. John Wharton[26], senior house surgeon of the Royal Eye Hospital, Manchester, who has treated 500 patients with ophthalmia neonatorum, investigated 100 cases to learn the condition of the mothers as to gonorrhea during pregnancy and afterward and concludes that "cases are occasionally observed in which a well-marked gonorrheal ophthalmia develops in the offspring of mothers in whom there is no recognizable vaginal discharge." According to Prince A. Morrow[27], "pregnancy often transforms a latent and hitherto inoffensive gonorrhea into an intensely virulent infection." Therefore, it would seem that the physician who uses drops "only in suspicious cases" is not doing quite all that he should to prevent unnecessary blindness. A safer rule would be to omit the drops, if at all, only when he is sure the parturient canal is healthy.

As to the objection that silver nitrate does not prevent ophthalmia, the well-known results of those who have carefully used it are a sufficient reply. In answer to the question, "Why, then, ophthalmia?" J. Clifton Edgar[28] says: "Simply because the recognized preventive measure is either not used or is applied in such a careless and perfunctory manner as to be insufficient."

The sentimental objection to the use of drops should cause no trouble for the tactful physician. On the other hand, on account of the present educational crusade on this subject by the popular magazines and lay organizations, the physician who does not use drops will be criticized by many patients. The New York Society for the Prevention of Blindness is doing very active work along this line and there are committees of women at work in forty State to explain the subject to women's clubs.

The following plan of prophylaxis is efficient, safe and easily executed: During pregnancy, treat any vaginitis that may exist and if there is a pathological discharge give a lysol douche when labor begins. Immediately after birth, and if possible before tying the cord, wipe the eyelids and surrounding skin gently but thoroughly with cotton pledgets wrung out of boric acid solution or 1-4000 bichloride solution or sterile water. Before doing this the physician's hands should be wiped dry of maternal secretion. After the mother has been cared for, the lids, slightly separated, are washed with wet pledgets,allowing some of the solution to flow between the lids and a drop of 1 per cent. silver nitrate or 5 per cent. protargol instilled in each eye. The cleansing should not be too vigorous, for, as Wharton[30] says, "* * * by irritating the conjunctiva, it may produce an abnormal exudation which would be an excellent medium for the growth of any micro-organisms introduced by secondary infection." Until the baby's hands have been washed they should be kept from the eyes. At the first bath, separate water is used for the face and care taken to prevent any bath-water entering the eyes. Infections frequently occur during the first bath[29].

The occurrence of ophthalmia after this treatment, even with the omission of the drops, will be very rare. The additional precaution of instilling a drop of a non-irritating silver solution seems advisable in most cases. It should certainly be done in hospitals, usually among the poor and uncleanly and in all other cases where there is the slightest suspicion of infection, especially when the eyes are open at birth or after instrumental or otherwise difficult deliveries. Secondary infections, by means of contaminated towels, bed-linen, dirty fingers, etc., must be guarded against.

The wisdom of permitting midwives, in their present state of ignorance, to put drops in a baby's eyes is questionable. In New York and elsewhere they are being instructed to do it. The Joint Committee on Ophthalmia Neonatorum[31] of the British Medical Association, the Royal Society of Medicine, the Ophthalmic Society and the Incorporated Society of Medical Officers of Health, have taken a strong stand against permitting midwives to drop anything in the eyes, but advise that if the mother has a purulent discharge when the baby is born, or if there is any inflammation of the child's eyes, however slight, a physician be sent for.

As damage to the eyes can nearly always be prevented if treatment is prompt, the writer, while not taking a decided stand against the use of drops by midwives, believes that much more blindness can be prevented by enforcing our State law requiring the prompt reporting by midwives of inflamed eyes than by having them employ other than simple cleansing methods of prophylaxis. According to the writer's ex-

perience, midwives seldom refer their cases of ophthalmia to a physician or a clinic, but the babies are brought at the suggestion of some one else and often when the disease is well advanced. The recent amendment to the law should make its enforcement easier and physicians should report violations to their local board of health and co-operate in the prosecution. An occasional prosecution would be very effective. A better preparation for their duties should be demanded of midwives and they should be placed under the control and supervision of local boards of health.

Dr. Prince A. Morrow and the American Society of Sanitary and Moral Prophylaxis, composed of members of the medical profession and laity, including women, go a step further in the matter of prophylaxis and attack the disease at its *fons et origo*, viz: the ignorance of the public in matters of sexual hygiene.

TREATMENT.

Practically the only danger to the eye from ophthalmia neonatorum is ulceration of the cornea, the results of which are well known. The cases in which there is corneal involvement are almost always gonococcal. Groenouw[32] noted ulcers of the cornea in 10 of his 41 gonococcal cases and in no instance among non-gonococcal cases. Stephenson[33] says that ophthalmia caused by other organisms than the gonococcus is milder, of shorter duration and responds more readily to treatment and, except when due to the Klebs-Loeffler bacillus or the streptococcus, rarely affects the cornea. An important preliminary to treatment, therefore, is a bacteriological examination of the secretion and this is easily made. The presence of the characteristic intracellular diplococci not staining by Gram's method is sufficient evidence of the nature of the infection. There are several other varieties of Gram-negative diplococci, but they do not cause conjunctivitis[34].

Early treatment is very important. In 326 cases from the Royal London Ophthalmic and Central London Ophthalmic Hospitals, reported by Mayou[35], in which 91 had developed corneal affections, only 5 occurred while under treatment.

On this point, Kipp's figures[40] published 26 years ago are interesting and instructive. He says: "I find that in 156 cases of ophthalmia neonatorum which came in the different stages of this disease under my care in the last six years, the corneæ were damaged at the time the case came into my hands in 38, or 24.3 per cent. Ninety per cent. of these 156 cases did not come to me until the twelfth day of the disease, or later; and as in all these the discharge was still very profuse, it is apparent they were all of a severe character. * * * In less than two per cent. of the cases in which the cornea was clear at the time the patient came under treatment, slight superficial ulceration of the cornea developed subsequently. Although in each of the cases so affected the conjunctival disease had existed for more than two weeks when I first saw it, and the discharge was very profuse, the ulcers healed without leaving a scar sufficiently dense to impair vision. In the cases which I treated from the beginning of the disease, no disease of the cornea supervened. Of the cases in which the cornea was implicated at the commencement of the treatment, 34 per cent., or 7.1 per cent. of the whole number (156) of cases lost useful vision in one or both eyes."

The principal points in treatment are:

1. Removal of pus as rapidly as formed.
2. Destruction of the germs.
3. Treatment of corneal complications.
4. Maintenance of nutrition of the infant.

In gonococcus cases, the conjunctival sac should be washed out every 20 or 30 minutes night and day and, when possible, by skilled attendants. The lids are wiped with absorbent cotton wrung out of a saturated solution of boric acid and are then gently separated and a stream from a piece of cotton dipped into the solution allowed to flow over the eye. At the same time the lids are gently manipulated to force any pus out of the cul-de-sac. An undine may be used for irrigating, if desired, but other forms of irrigators are not advised. The cleansing of the eyes is most important and the physician should see that it is efficiently done. Apropos of this, Parsons[36] remarks: "The gonococcus is unique in its ability to invade the cornea, especially when the pus is allowed to stagnate." After each cleansing, the eyes are covered with a light gauze compress wrung out of warm boric acid solution. Cold applications during the early stages are advocated by many, but warm applications are preferred in this disease by most writers. Warm applications promote circulation and thereby favor leucocytosis; they reduce the induration of the lids and aid drainage by preventing their sticking together. Fick[37], of Zurich, considers cold applications "superfluous if not

harmful." If used at all it should be intermittently in the early stage and warm applications substituted at the first sign of corneal trouble.

For the destruction of the gonococcus, either protargol or argyrol is almost universally used, but usually supplemented by silver nitrate. Protargol in 10 per cent. solution and argyrol in 25 per cent. solution are safe and effective. Solutions of either should be freshly prepared with cold water. One of these is freely dropped in the eyes every three, four or six hours, according to the severity of the cases. After two or three days, or sooner if the induration of the lids is not great, the physician, if he has some skill in treating the eye, should apply to the everted lids once daily with a cotton-wrapped applicator, a 2 per cent. solution of silver nitrate, neutralizing with salt solution. As the disease subsides treatment is less active and when the discharge becomes scanty some astringent drops such as 0.2 solution of zinc sulphate may be substituted for the protargol or argyrol.

The cornea must be inspected daily and if infiltration or ulceration occurs, atropine sulphate in 0.4 solution is instilled three times a day. If peripherally located ulcer threatens to perforate, eserine is substituted. Rapid extension of an ulcer calls for an application of the galvano-cautery.

When the lids are swollen it is not always easy to get a good view of the cornea. This will be more easily accomplished if, in separating the lids, the fiugers are placed at their margins and not some distance away, otherwise they will evert and the cornea be obscured by a fold of conjunctiva. At all times care must be taken not to damage the cornea as the slightest abrasion may become infected.

The care of ophthalmia requires much faithfulness on the part of the attendants. If the treatment cannot be properly carried out at home, the mother and baby should be transferred when possible to a hospital. Hospital care of these patients has been employed extensively by A. Nimmo Walker[38] in Liverpool, where prompt reporting of cases by midwives is enforced. Walker had a small special ward set aside in St. Paul's Eye and Ear Infirmary and, with the co-operation of the health authorities, cases, except when the mother objects, are immediately taken to the hospital. He has very recently reported[39] excellent results from this plan.

On account of the frequency of corneal involvement in weak and badly nourished babies, the nutrition of these cases should receive special attention and every effort made to maintain breast feeding.

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In the serum treatment of typhoid, Chantemesse's success in 1,000 cases with a mortality of 4.3 per cent. is unparalleled. Of the patients given the serum before the seventh day all recovered. This serum, produced by inoculation of horses with typhoid toxin, acts indirectly on these poisons by stimulating opsonin production.—Dr. N. P. Barnes, in Interstate Med. Jour.

MENTAL SYMPTOMS OF SYPHILIS*

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While it is not hoped in this communication to offer anything original upon this question, the subject, having been recently brought to my notice by a few cases which have come under my observation, was suggested as an interesting one for discussion before this society.

For half a century in the general literature a number of communications have been made bearing on the subject, among the earliest of which are those by Hildebrand, in 1859, and Wille in 1871-72. But Fournier[1] in 1879 was perhaps the first to consider this subject at any great length. To him we are indebted for the first descriptions of the so-called pseudo-general paralysis of syphilitic origin, though at the same time he described other forms of mental disease which he attributed to syphilis.

It is to be especially noted in reviewing the literature of the subject that many forms—it might almost be said, all known forms—of insanity have been described as being caused by syphilis. Pandy[2] recently made the statement that in asylums lues was found to be the cause not only of general paralysis but typical melancholia, mania, amentia, paranoia, pseudo-delirium tremens, idiocy and epilepsy, and Finckh[3] believed that all forms of psychic symptoms could be attributed to syphilis.

Syphilis may act in several ways. It may cause a moral shock, giving rise to melancholic hypochrondriacal conditions and hysteric and neurasthenic states which have no direct relation with the syphilitic poison; or the toxins and the cachexia, the result of the general syphilitic process, may give rise to psychopathic states; or specific processes in the brain and its membranes may give rise to a train of symptoms called pseudo-general paralysis; or, finally, psychoses may be of a parasyphilitic origin. The psychoses that develop as the result of the moral shock to the nervous system and the worry and anxiety entailed by having acquired syphilis has really nothing to do with the subject in hand.

The toxins of syphilis give rise, according to many authorities, to the development of melancholia, mania (Jolly[4]), manic-depressive insanity (Bianchi[5]) and neurasthenic and hysteric complexes. It is a question, however, whether syphilis can be said to cause a true independent symptom complex. Indeed, Angiolella and Goldi[6], Finckh and others have recently denied that the psychoses of syphilis have an independent clinical entity.

It is also a question with some authorities whether the syphilitic process causes mental symptoms at all. Krause[7] and Marchand[8], for example, believed that the specific psychoses were the outcome of disturbances of nutrition of the brain cortex caused by syphilitic toxins and, according to Salager[9], hallucinations (Verwirrtheitzustand) result from the cachexia of syphilis, due to the lesions of the kidney, liver and arteries, rather than a specific lesion of the brain and its membranes.

While syphilis appears to be an exciting cause at least in a variety of psychopathic states, there is nothing characteristic in these cases except perhaps a tendency to mental deterioration or dementia. Cases of paranoia of syphilitic origin have, however, been reported by Henneberg[10] in which specific meningo-myelitis was present at the autopsy, and by Kowalewsky[11], Jolly, Krause and others, though instances of this kind must be rare, and the question arises whether or not such an association is not accidental.

An unusual form of mental disease of specific origin is the Korsakows symptom-complex due to syphilis, cases of which have been cited by Rosenheld[12] and Jolly. Cases of insanity of irregular type have been described, examples of which are those of Walker, Diller and Burns[13], Hotchkis[14] and Mallison[15].

In the case reported by Walker, Diller and Burns, hallucinations of sight and hearing, stuporous delirium and advancing mania, associated with optic neuritis, bulbar symptoms and monoplegia constituted the chief symptoms, while post-mortem, round cell infiltration of the cortex and vascular disease were demonstrated.

In Mallison's case there were mental confusion, violence and incoherence, the patient was grandiose, the pupils were immobile, the knee jerks were increased, and nodes on the tibia were present. At the autopsy syphilitic brain disease was found.

*Read before the Philadelphia Psychiatric Society, May 13th, 1910

Hotchkis described a case in which incoherence, excitement and defective memory followed a cerebral hemorrhage, having recovered a year previously from a psychosis consisting chiefly of hallucinations, delusions, incoherence and periods of violence.

A few instances of insanity occurring during the florid stage of syphilis have been reported. Capuccio's[16] case was one in which there occurred during the secondary stage of syphilis, fever with visual hallucinations. O'Donovan[17] described a case of acute transitory mania, and in a case cited by Schwab[18] there was motor restlessness, complete amnesia, tremor of the hands, then finally the picture of a typical dement. In Berkley's[19] case of acute insanity in the florid stage of syphilis the patient presented the symptoms of violent mania, followed by stupor without delusions or hallucinations, with gradual recovery.

The so-called "pseudo-paralysie generale" (Fournier) has been variously described as progressive dementia (Krafft - Ebing[20]), post-syphilitic dementia (Ziehen[21] and Binswanger[22]), organic syphilitic psychosis (Mendel[23]), syphilitic dementia (Bianchi), dementia paralytica syphilitica primaria (Kowalewsky), leutic pseudo - paralysis (Kraepelin[24]), and finally, as Mott[25] prefers, syphilitic brain disease.

This symptom complex which deserves to be recognized as a clinical entity I believe, consists of psychic disorder added to somatic disturbances. It is a group of symptoms which results from the invasion of the brain and its membrane by the syphilitic process, consisting of round cell infiltration and gummatous deposits in the membranes and substance of the brain itself, or specific arterial disease leading to softening and malnutrition of the brain substance. The variation of the process and its distribution explains perhaps the variability of the symptoms which every one recognizes as peculiar not only to syphilitic psychosis but to syphilitic disease of other organs.

The psychical phenomena are varied, and only characteristic in that there is a tendency to dementia. The deep alteration of the intellectual activity has been emphasized by Kowalewsky, Krafft-Ebing, Erlenmeyer[26], Ziehen and others. Ziehen describes psychic states associated with physical symptoms of brain syphilis, consisting of headache, vomiting, vertigo, convulsive disturbances, paralysis of pupils and other cranial palsies, choked disc, hemiplegia and the like. The psychic phenomena consist of grandiose ideas, hallucinatory paranoid states, stuporous conditions, hallucinations alternating with stupor, or simple intellectual defect.

Krafft-Ebing described the mental symptoms as consisting of a progressive dementia in which appear primordial delusions of persecution and of grandeur, hallucinatory delirium, profound somnolence and dreamy states, and violent mania ranging to acute delirium. The fundamental psychic weakness, the marked disturbance of consciousness, sudden occurrences and subsidence of symptoms are more or less characteristic features of this symptom complex.

According to Mendel, the psychical symptoms consist of loss of memory and hallucinatory delirium; hypochondriacal melancholia or mania alternating with depression, and rarely a paranoid mania. These psychical phenomena are associated with somatic symptoms consisting of headache, convulsions, hemiplegia and disturbance of speech, such as dysarthrias and dysphasias. The psychical symptoms of syphilitic mania, according to Fournier, consist of simple excitation, exaltation, incoherence, excitation with mental hebetude, delirium, maniacal delirium, etc.

It is characteristic of this disease that the symptoms may be materially ameliorated by anti-syphilitic treatment and that there is a variability in the symptoms with fundamental psychic weakness and marked disturbance of consciousness. It differs from true paresis in that in the former there is rarely or never, tremor of the lips or tongue, the typical speech disturbances of paresis are lacking, the physical state is impoverished, and while there is a progressive tendency, the course of the disease is characterized by sudden insults and variability of symptoms, while in true paresis the disease is insidious and progressive.

As demonstrated by Plaut[27], the Wasserman reaction as well as the study of the cerebro-spinal fluid for lymphocytosis should prove to be of great value in the differential diagnosis.

The keynote of this whole study seems to me to be the recognition of the value and importance of instituting at an early period the anti-syphilitic treatment. The diagnosis of these cases should be easy when we recognize in this disease an irregular psychical state added to characteristic somatic symptoms of tertiary syphilis.

Case I.—The following is a case illustrating a psychosis occurring a year after

the florid stage of syphilis. A year previous to the onset of the psychic symptoms the patient, aged 21, had contracted syphilis. After returning to this city from a trip to Washington, D. C., on March 4, 1905, he suffered from insomnia, general tremor, became dilatory in his reading and wandered about the house aimlessly by day and night. Three weeks later he began to have difficulty in emptying the bladder. On April 7, in the evening, he left his room in a hotel to go to the toilet and wandered into the wrong room, reappearing in his own room at 5 o'clock in the morning, and said, upon being questioned, that he had been absent for five minutes only. He finally required catheterization at this time. Two days after this incident he had a general convulsion with unconsciousness, foaming at the mouth and biting the tongue. A similar attack followed in a week and a third attack two days later.

Upon examination of the patient on April 21, 1905, which was six weeks after the onset of the symptoms, his condition was as follows: There was partial double ptosis which could be partially overcome on voluntary effort. The eyelids could be closed but efforts to open them on command were only partially successful. When he attempted to focus upon the finger of the examiner held in front of him a weakness of the external rectus of the left eye was observed. The tongue was protruded to the right tremulously. No facial palsy was present and there was apparently no paralysis of the arms and legs. There was incontinence of feces and paralytic retention of urine. He had two bed sores on the buttocks and one on the right heel. There was no apparent loss of sensation. The knee jerks were increased; the arm jerks were present, and there was no clonus. The Babinski phenomenon was present on both sides. There was present general choreiform movements and the general musculature was tremulous. Carphalogia and subsultus tendinum were present. He was not able to answer questions clearly, he was dull and it was difficult for him to concentrate; in fact, later he became semi-stuporous.

There was associated with this condition a continuous temperature for about three weeks. At the end of a few weeks, general improvement ensued and finally the patient became entirely well.

Case II.—The second case is one which deserves but a brief mention and illustrates the gradual dementia that accompanies tertiary syphilis. The case was that of a man who developed, at the age of 35, the symptoms of general cerebro-spinal syphilis, consisting at first of spastic paraplegia and later apoplectiform attacks, transient third nerve palsies and hemiplegias, the disease lasting nine years and finally terminating in death. In the last four years of his life there was a gradual mental failure. There was distinct change in his character, he lost his natural sense of modesty, he was silly, flippant, frivolous and indifferent to his condition. There was distinct loss of memory and in fact the general mental picture was that of a progressive simple dementia.

Case III.—The following case represents in my experience the usual type of syphilitic psychosis, except that the psychical phenomena preceded the somatic symptoms which, I take it, is the reverse of the usual mode of onset.

E. W., a colored woman, age 42. Family and previous history unobtainable. She had been apparently in perfect health until March 8, 1910, performing the duties of a cook, without showing any symptoms that had been recognized. On the morning of March 8th, she was found preparing breakfast for her mistress on a range in which the fire had gone out. She used the wrong dishes in preparing the food moreover, and did not seem to recognize that she had been making mistakes. After taking her to her home her son informed me that she would arise in the morning at a very early hour, about 3 o'clock, put on her corsets and shoes and, believing that she was properly dressed and that it was daylight, attempted to go from her home to her former place of employment. Her talk was somewhat incoherent, usually upon subjects pertaining to her occupation—that of a cook. At the end of a week she was admitted to the Howard Hospital, where her condition was as follows:

Physical examination was practically negative except that the knee jerks were increased and there was on the right knee a multiple eruption which was diagnosed by Dr. Knowles as the skin eruption of tertiary syphilis. There was also just over the tibia on the right side, a gummatous node. The gait was rather feeble but not characteristic. She passed the contents of the bowels and the bladder incontinently, probably due to her mental condition. There was no change in sensation to the prick of a pin point. The tongue was protruded straight and no facial palsies or palsies elsewhere were discovered at this examina-

tion. Examination of her mental condition showed that she was disoriented as to time and place, had apparently lost her memory for recent events, failing to recognize her physician whom she had known for some months. She spoke only when addressed, was dirty, somewhat resistive—in short, presented the mental picture of partial dementia.

She was admitted to the Philadelphia General Hospital March 25, 1910, and to the Philadelphia Hospital for the Insane, March 30, 1910. She made the statement, upon admission to the hospital, that the Lord spoke to her, and said He would forgive her sins, and that she saw the Lord, and that He looked like a natural man, had a mustache, but no beard, and was medium sized. She knew the Lord because He sat and talked to her. Says she saw certain people, now dead, known to her long ago, who visited her and talked to her.

Examination made by myself, April 25, 1910, resulted as follows: When told to put out her tongue, she understood what was meant but was apparently unable to protrude the tongue but a short distance beyond the teeth. The speech was thick, indistinct and unintelligible. She was mentally very dull and indifferent. She was completely disoriented, believing she was at the house of a former master, on Gun Powder road, and that she was boarding at that place. No hallucinations or delusions could be developed and the mental condition appears to be one of dementia and confusion, with memory for old events fairly well preserved, but for recent events entirely lost.

She could not support herself on her feet, due to weakness of the left leg, and when attempting to stand developed a general tremor, almost convulsive-like, contractions of both arms and legs occurring. There is apparently no power in the left arm, and the left leg was flaccid, and could be moved only slightly. The right arm and leg were distinctly spastic but could not be moved on command. Both knee-jerks were increased, but more so on the right. Her bladder and rectum were incontinent. The left angle of the mouth drooped when efforts at speech were made. The eyeballs moved in all directions, following the finger. She drew the right hand promptly away from the pin point but did not move the left hand when it was pricked. She felt the pin prick apparently in both legs. She had to be fed. The paralytic condition was of three days' duration and was evidently of insidious onset. The pupils were equal and responded normally. There was no heart murmur and the lungs were clear. Until a few days prior to my examination she was very restless, at times requiring slight restraint to keep her in bed.

She died on May 10, 1910, and the brain and spinal cord were removed and placed in formalin solution.

A small nodule was seen on the basal surface of the right frontal lobe in front of the optic chiasm, which was attached to the brain substance but principally implicated the pia. A small tumor was observed on the right side in the outer and inferior portion of the middle of the Pons. There was also marked thickening of the pia, especially over the base of the brain, but also over the convexity.

Sections were made from the tumors and from the paracentral and other regions and stained with hemalum and acid fuchsin. The tumors proved to be gummata, and there was marked specific round cell infiltration of the pia which in places involved the cortex. The vessels of the pia were thickened and in some there was proliferation of the intima. There was in the cortex from the paracentral and precentral regions some perivascular distention and in the cortex of the prefrontal region areas of intense round cell infiltration were seen.

This case was one in which the autopsy revealed the characteristic changes of tertiary syphilis and the symptoms were without doubt due to the pathological conditions which were found in the brain and its coverings.

Case IV.—The next case is one which is atypical and may well be considered a doubtful case of true syphilitic psychoses. The character of the life led by this patient may have as important a bearing upon the causation of the mental symptoms as the syphilis itself.

M. R., aged 29 years, female, family history negative. Mother stated that at the age of 16, before her marriage, she contracted syphilis, that after being married, at the end of three weeks she infected her husband, who left her at once. During the past seven years she has been living with another man and was not married to him. The present symptoms began two years ago.

On March 23, 1910, on admission, her condition was about the same as when I examined her on April 25, 1910. The chest, back, arms, hips and legs were covered with a coppery eruption, crescentic in shape, which was diagnosed as a tertiary syphilitic

skin eruption. There was no facial palsy. The tongue was protruded straight and in the median line. The eyeballs moved freely in all directions following the finger of the examiner. The pupils contracted to convergence, in accommodation and to light. The grasp on both sides was feeble, but there was no palsy of arms or legs. There developed upon voluntary effort a fine, fibrillary tremor of both arms.

The knee jerks were equal and very much increased. The achilles jerk was prompt and equal on both sides. There was an ankle clonus on the left side which was readily exhausted. Stroking the toes of the feet caused flexion of all the toes of both feet. There was apparently general slight hyperesthesia. Grasping the arms or legs, or tapping the head, called forth a complaint of pain. There was no loss of sensation to the pin point. The station was good and there was general muscular enfeeblement. There was incontinence of urine, probably due to the mental state. She fed herself. The skin eruption was fading and had almost disappeared at this examination. During the physical examination patient talked continuously in a rather rambling manner about her physical condition.

The mental condition may be described a showing partial dementia. There were no hallucinations or delusions; the questions were answered promptly, showing fairly good memory for past events, but there was a tendency to drift from the subject, and her remarks were entirely irrelevant. She was not depressed or elated. She complained of headache when asked, but did not volunteer any complaint of headache. Her expression was rather vacant.

Case V.—The following case is an illustration of syphilitic insanity showing delusions and dementia with some excitement.

W. P., age 34, family history negative, married, clerk by occupation. He had an initial lesion in May, 1907, a secondary rash in July, and in December syphilitic sore throat and destructive ulceration of his palate.

On admission November 11, 1908, there was general lymphangitis. Shortly after admission he began to act queerly, attempting to leave the institution without permission. This was followed by general confusion and some delusions. He said that his mother had been changed to a colored man, and was about to be killed. He believed that the colored man in the next bed was his mother, and tried to get in bed with him. He stated that he hears his mother calling, "Willie, bring me a drink of water," and he thought often that his mother was at the foot of his bed. He required constant watching and some restraint. He believed that those about him had entered into a conspiracy to kill his mother, and to get the insurance money. He talked incessantly at night, although fairly quiet during the day, but was utterly confused.

Examination by Dr. Hawke on November 25, 1908, was as follows: The patient usually repeated questions before attempting to answer, and his answers were always irrelevant. He showed general confusion, and answered only one or two questions intelligently or clearly. There was a vague realization where he was, but he was unable to give any definitely clear information about his life in the hospital. He was quiet and obeyed simple commands.

These cases require no special comment, but illustrate several familiar types of mental symptoms which have an etiological relation with syphilis. The important phase of the whole subject seems to me to be the early recognition of the psychic symptoms of syphilitic origin with a view of instituting the proper treatment early and before the process has progressed so far that therapeutic measures are hopeless.

I take pleasure in thanking Dr. Hawke for the privilege of studying some of these cases at the Philadelphia Hospital for the Insane.

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Clinical Reports.

A CASE OF VINCENT'S ANGINA.

Reported by August Adrian Strasser, M.D., Arlington, N. J.,

At a meeting of the Essex County Anatomical and Pathological Society, April 15, 1910.

The comparative rarity of the condition that I wish to report to you to-night is the excuse for the presentation of the specimen. The case history is as follows:

H. P., lawyer, aet. 21, M. W. S., and a native of the U. S. A., came to me on March 17th. His parents are living and well and there have been no serious illnesses in his life, except the usual children's diseases. Five days ago he began to have pain in his throat, difficulty in swallowing. No chill; constipated, anorexia. He had been having some furunculosis lately. Examination of the throat shows on the left tonsil a whitish patch about the size of a five-cent piece with distinct radiations from a common centre, looking for all the world like a typical growth of a colony of bacteria on a gelatin plate. I made a culture and in so doing rubbed away the exudate, exposing a crater-like opening in the substance of the tonsil. There was scarcely any inflammatory reaction in the tonsil, and while I took the culture to rule out the possibility of diphtheria, I felt certain, at the time, that it was not a case of that disease that I had to deal with. I gave him some tablets of orthoform and a salicylate mixture. I did not see him for two days. When he came again I found that the tonsillar erosion was unchanged but not quite so sore. I took a smear at that time, as I had heard nothing from the laboratory from my culture, for the reason that I had left the tube with the sisters at the hospital for the collector and they had not given the tube to him that night. I stained the smear with alcoholic gentian violet and was surprised to see the picture I show you to-night. The field was full of fairly long fusiform bacilli and an enormous number of graceful spirilli. Their appearance together, I remembered, occurred in that condition known as Vincent's angina. My report from the laboratory came the next day and Dr. Connolly had been kind enough to add a foot note in which he suggested the possibility of the condition being one of the case under discussion. The further history of the case is unknown to me, for I have not seen the patient since.

I have gone into the literature of the condition fairly carefully and am surprised at the fact that so few cases have been reported. When you think of the fact that the condition was first described in 1896 by Vincent in the *Annales de l' Institut Pasteur* by the findings in a single case; and that in the *Journal* of the A. M. A. of July 23, 1904, p. 246, G. C. Crandall reports what he assumes to be the third case in the U. S. A., you see we are coming to our time pretty well. Under these circumstances the literature is not very voluminous and only a few reports appear every year. The article by Vincent in 1896, mentioned above, was followed in 1897 by one of Bernheim in the *Deutsche Med. Wochenschrift,* where he reported a series of 30 cases, although he was not certain that the characteristic germ life was the exciting cause of them all. In 1898 Vincent, in the *Bull. de la Soc. des Hopiteaux* (March), reported 14 cases. In 1901 Nicolet and Marotte in the *Rev. de Medicine,* April 10, described the morphology of the organisms. Mayer, in 1902, in the *Journal of Am. Med. Sciences,* reported a typical case. In 1903 Fisher, in the *Jour. A. M. A.,* reported two typical cases with the clinical data.

Hess (*Deutsche Med. Wochenschrift,* Vol. XXIX., No. 42) reported two forms of the disease—the croupous form, due to the fusiform bacilli, and the diphtheritic form, in which both the bacilli and the spirilli are present. This division has been accepted by later writers and also by Vincent. My own case, therefore, is one of the diphtheritic form. In 1903 Anchi, in the *Gaz. Hebdom. d. Sciences Med. de Bordeaux,* 1903, vol. XXIV., p. 555, called attention to the possibility of considerable tissue destruction incident to the disease, a

matter to which I will revert later. In 1903 Conrad reviewed the literature to date thoroughly in the *Arch. fuer Laryngo. u. Rhinologie,* Berlin, Vol. XIV., p. 525.

A praiseworthy article appeared on the subject by L. G. Somers, of Philadelphia, in the *International Clinics,* Vol. L. (XVIth Series), 1906, p. 45, from which I quote the following, although not verbatim:

Vincent's ulcero-membranous angina, chancriform angina, diphtheroid angina, ulcerous angina, are often mistaken for diphtheria or syphilis, are characterized by a peculiar bacillus and spirillum in conjunction, which are the specific organisms of this affection when both occur in symbiosis. They occur in predominating amounts in practically pure culture, in the membrane; they gradually disappear during the time of the resolution of the ulceration and they rapidly totally disappear when the ulcero-membranous changes have disappeared; there is an absence or comparatively small number of other common organisms and there have been a number of cases reported in which the affection has been transmitted from one individual to another and the same organism found in both. Vincent has described two forms of the disease; the first being rare and characterized by a croupous exudate on the tonsil without much loss of tissue and containing only the fusiform bacillus; it runs a mild course and as soon as the membrane separates, a superficial ulcer is formed, which is then covered by a second membrane, permanently disappearing in a few days. The second variety differs only in degree and presents both the fusiform bacillus and the spirillum, is more chronic in its course and destructive of the tonsillar tissue. Examination shows the membrane confined to the one tonsil, more rarely both, but it may involve the uvula, soft palate, gums, mucous surface of the cheeks or even the lips. At the onset the membrane is circumscribed, it may vary in color as grayish, yellowish or brownish, and during the first and second day is easily detached. Following this the tonsil becomes inflamed, the membrane invades the deeper cells and ulceration develops with localized destruction of tissue. The membrane then becomes elevated above the surface, is thicker and softer, more or less adherent, although it may become detached at its edges and be coughed out, while a day or two later it may be readily removed, disclosing an ulcerating cavity beneath and a new membrane reforming. The ulcer has a rough worm-eaten floor, with a punched-out appearance, on the level with or slightly elevated over the surface.

Both the local and general symptoms are of little moment and under proper treatment it runs a benign course of two or three weeks; exceptionally it may be several months. It is characterized by a torpid character of the infection, slight rise of temperature, insidious onset with some pain on swallowing, general health unaffected and the symbiotic growth of the two specific organisms being features of the infection. The bacillus is a thin, fusiform, needle-like germ pointed at both ends, swollen in the middle, it is motile and is found to the exclusion of the other germs for the first two days. The spirillum is a thin motile germ abundant on the surface of the ulceration.

Some further interesting facts concerning these germs I will refer to later. I wish now to speak of the possible invasion of other tissues than those of the tonsil. In the *Lancet,* October 12, 1907, Bruce describes a case of Vincent's angina involving the trachea and larynx in a man of 47 years, which necessitated a laryngotomy because of laryngeal obstruction. The condition resembled diphtheria, but while there were numerous Vincent's spirilli, no diphtheria bacili could be found. Patient died on the sixteenth day, the membranous slough involving the pharynx, larynx and the trachea.

In *Progressive Medicine,* Vol. XII., No. 1, March 1, 1910, p. 45, an article quotes Crandon, Place and Brown (*Boston Med. and Surg. Journal,* 1909, Vol. CLX., p. 473), who report 46 cases of gangrenous stomatitis and 7 cases of definite gangrene of the lip and cheek, with recovery of two in the latter group. In all the 7 cases of noma, smears from the surface showed the fusiform bacillus and the spirocheta gracilis, in early stages in pretty nearly pure cultures. The lesion histologically was found to be a necrosis due to a fusiform bacillus which grows best along the edge of the necrotic tissue adjoining living tissue. In some cases it excites no inflammatory reaction, in others this may be considerable. In the necrotic tissue the fusiform bacilli rapidly die out and the tissue becomes invaded by other bacteria. They remark that the differentiation between noma and the Vincent's angina can only be made as the clinical process advances. Duration is from four to ten days and the mortality is 70 per cent. The treatment is hygienic; chromic acid to the ulcer and the use of the

peroxide of hydrogen as the fusiform bacillus is anacrobic. After necrosis is established the actual cautery or excision are indicated. Stomatitis gangrenosa, Vincent's angina and noma may be different stages of the same disease, which may therefore be considered not a specific disease but the successful ingress of mouth bacteria into tissues rendered non-resistant by uncleanliness or preceding disease.

It is also interesting that noma is seen also in the lower and even wild animals. White and Blackwood (*Univ. of Penn. Med Bull.*, December, 1908, p. 291) found gangrenous stomatitis in a Rhesus Macaque monkey in which the fusiform bacillus and a spiral organism resembling Vincent's spirillum were found in scrapings of the diseased area, and histological examination of the tissue showed an invasion of the tissues by rod and thread-like organisms similar to those described by Perthes, Bruening and others.

The last fact that I wish now to call your attention to is the suggestion of Wright and Mackie, who say that perhaps these organisms are but a stage in the life history of the trypanosome. Wright states that the fusiform bacillus is not a bacillus at all, its length, vacuolation, staining properties and undulatory movements being suggestive of protozoic origin and the plaques of Vincent's angina are like those in dourine, a form of trypanosomic invasion in horses. The obverse of this is shown by Mackie, who states that under certain cultural conditions the trypanosome loses many of its features and becomes similar to the organisms here described.

It is well to remember that Vincent's angina may become engrafted on syphilis or on a stomatitis due to mercury or may also be conjoined with true diphtheria. In this case diagnosis is very difficult.

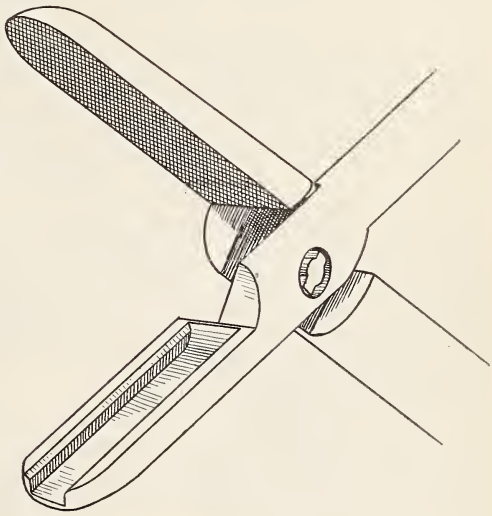
Severe Diabetes with Favorable Course.

Dr. Swart, in Berliner klinische Wochenschfirt, January 31, 1910, reports a case of a woman of twenty-nine, whom he saw first on February 20, 1908, with the symptoms of approaching diabetic coma. She had suffered from weakness, polyuria and polydipsia for three months. She excreted 495 gm. of glucose in twenty-four hours. There was marked acidosis; the room smelled of acetone, and she was very drowsy. On a strict diet with a little bread the sugar decreased, as did the ammonia. After four weeks, during part of which she received oatmeal, the sugar had completely disappeared and the acetone reaction was negative. During the following year the allowance of bread was increased to 100 gm. without the reappearance of glycosuria, and at the last report, January 12, 1910, she was still sugar free.

A NEW NEEDLE HOLDER.

By Charles L. De Meritt, M. D.,
West Hoboken, N. J.

The essential feature of this holder is the lower jaw, into the biting surface of which a longitudinal slot ⅛ inch wide is cut. The jaws are 5-16 inch wide, rather wider than those of most holders. The slot runs the whole length of the lower jaw and its upper borders are bevelled. The upper jaw has a flat biting surface, roughened by fine cross-serrations.



The advantage of this holder is in its grasp of curved needles. Holders with two flat jaws grasp a curved needle by three points of contact: two above (A and B) and one below (C). With a slight grasp the needle turns over sideways, and with a heavy grasp it tends to assume a straight line and to bend or break. In the holder here shown, the curve of the needle sinks into the slot, giving two points of contact below (F and G), as well as the two above (D and E).

I have used this holder for three years and found it suitable for all ordinary work. Several other holders have been devised having a longitudinal slot in the lower jaw, but in those I have examined the slot is not wide enough, its borders are not bevelled

as in my instrument, and the lower points of contact (F and G) are so close together that the advantages of my instrument are not realized.

Medical Education.

Report of the A. M. A. Reference Committee on Medical Education.

Your committee believes that we are, at the present moment, at a very important stage in the efforts of the American Medical Association to benefit the community by raising the standards of medical education. For this reason the Committee has given the report of the Council on Medical Education careful and critical study.

We wish to congratulate the Council on the excellent work it has done, and on the great progress in medical education since it began its work, six years ago. This is shown not only in the raising of the standards of admission, but in the more systematic and better arrangement of the curriculum, and in improvement in the personnel and methods of teaching, which now approach more nearly to university standards.

When the Council began this work there were 168 medical schools in the United States. Some of the poorest schools have been forced to discontinue. A number have disappeared through the amalgamation of schools, thus making stronger and better schools. The number has now been reduced to 133.

Much of this improvement is due to the methods by which the work of the Council is carried out. With a paid secretary, devoting his whole time to this work, the Council has been able to establish a bureau of statistics and information on medical education, which is invaluable in the study of these problems.

Furthermore, it has been enabled to undertake a work that was much needed, yet for which there seemed to be no established official agency —namely, the investigations of the actual standing and condition of the various medical schools of the country. This investigation has covered several years. We believe it has been done conscientiously and with thoroughness. The standing of all schools has been made on a uniform basis of marking that is broad and fair. Whatever question there might be as to the absolute value of the rating given a school, there can be no question that the rating fairly expresses the relative standing of the schools.

After investigation, the Reference Committee is impressed by the leniency with which these ratings have been made. Consequently, we would urge the schools in Class A (rated over 70 per cent.) not to feel that they have reached perfection because they are designated "first class." Class A contains 70 schools.

The schools in Class B were rated at 50 to 70 per cent. They are unsatisfactory, in certain particulars, but capable of improvement to a satisfactory basis. To all these schools information has been sent, showing in what lines improvement should take place. There are 29 schools in this class.

Class C comprises the schools falling below a rating of 50 per cent. Some of these schools are regarded as hopeless; others can be made satisfactory only by a thorough reorganization along more advanced lines. The Council will gladly furnish information to these schools as to their shortcomings, if they desire it. Twenty-seven schools belong to Class C.

The schools for colored students have been classified on a still more lenient basis. This is justified, not on the ground of any racial difference, but on account of peculiar educational conditions.

The Council believes that the time has come when the legal interests of the medical education demand that this rating of schools should be made public. In this opinion the Reference Committee concurs. It seems to be a disagreeable but necessary duty.

We would, therefore, recommend that the House of Delegates authorize the publication of the rating of schools. We believe that the Association should assume this responsibility.

We would recommend, secondly, that the Council be requested to continue its investigations along these lines in some conservative way. We shall thus secure a healthy advance on the part of the worthy schools, yet shall not aim at impossible results.

Thirdly, we would recommend that the Council be encouraged to continue its plans for securing the co-operation of all organizations which are interested in the improvement of medical education, but we would have them continue to recognize that the American Medical Association should establish its own standards, and that these standards can be only such as the present status of education in the United States warrants.

Fourthly, we believe that the House of Delegates should urge the Council to further efforts in the direction of securing more uniform State regulation of the practice of medicine, and in securing reciprocity between States.

Finally, we would endorse a plan that the Council mentioned to your Committee for the establishment of a registry of medical students. Such a plan has been carried out by the General Medical Council of Great Britain, and it should be of great benefit. As it would involve further expense, your Committee recommends that the House of Delegates approve this plan and refer it to the Trustees for action.

Respectfully submitted,

Hubert Work, Colorado, Chairman.

Educating the Public as to the Importance of a High Standard of Medical Education.

President H. S. Prichett, of the Carnegie Foundation, in his introduction to the Report on Medical Education, says that the significant facts revealed by this study of existing conditions, which the public should know, are these:

(1) For twenty-five years past there has been an enormous over-production of uneducated and ill-trained medical practitioners. This has been in absolute disregard of the public welfare and without any serious thought of the interests of the public. Taking the United States as a whole, physicians are four or five times as numerous in proportion to population as in older countries like Germany.

(2) Over-production of ill-trained men is due in the main to the existence of a very large number of commercial schools sustained in many cases by advertising methods through which a mass of unprepared youth is drawn out of industrial occupations into the study of medicine.

(3) Until recently the conduct of a medical school was a profitable business, for the methods of instruction were mainly didactic. As the need for laboratories has become more keenly felt, the expense of an efficient medical school have been greatly increased. The inadequacy of many of these schools may be judged from the fact that nearly half of all our medical schools have incomes below $10,000 and these incomes determine the quality of instruction that they can and do offer.* * *

(4) The existence of many of these unnecessary and inadequate medical schools has been defended by the argument that a poor medical school is justified in the interest of the poor boy. It is clear that the poor boy has no right to go into any profession for which he is not willing to obtain adequate preparation, but the facts set forth in this report make it evident that this argument is insincere, and that the excuse which has hitherto been put forward in the name of the poor boy is in reality an argument in behalf of the poor medical school.

(5) A hospital under complete educational control is as necessary to a medical school as is a laboratory of chemistry or pathology. High grade teaching within a hospital—?

Miscellaneous Items.

The Governors and Medical Men.

From the Illinois Medical Journal, Aug., 1910.

In our hearing a certain chief executive of one of the leading States of the Union volunteered a statement that when the governors of the Union met a few months since on board a Mississippi steamer and exchanged confidences on the troubles of executives, the subject of the doctors came up and it was almost unanimously agreed that these gentlemen had more difficulty in handling affairs with which the medical men have an interest than with any other part of their duties. We, therefore, hope that our readers will pity the sorrows of the governors, while we will take occasion to consider acts of the governors of some of the States in their dealings with the medical profession.

First we will call attention to that so-called reform Governor of New Jersey, known as J. Franklin Fort. This well-known member of the political profession took occasion some time since to publicly attack the veracity of Dr. L. M. Halsey, chairman of the Legislative Committtee of the Medical Society of New Jersey. This flagrant insult was telegraphed over the country in such a way as to bring the blush of shame to readers who were interested in the medical profession, and who were confident that only part of the truth was told in the telegram. Copies of the Journal of the Medical Society of New Jersey were eagerly watched for, in order to ascertain the truth of this interesting affair. It was found on page 627 of the May, 1910, number. We quote the first account as it appeared in the columns of the daily press. Then follows Dr. Halsey's statement, proving that Governor Fort had made all sorts of promises to obtain the support of the physicians prior to his election, and had constantly failed to keep these promises, as is the practice of gentlemen of his ilk.

(Then follow the articles from the Daily State Gazette, Trenton; the New York Times and the New York Sun, which appeared in our May Journal.—Editor.)

Did we have the space it would be interesting to detail how Dr. Halsey, in a letter to Governor Fort, dated April 20, 1910, calling down the honorable gentleman for his slander, and how the Honorable Fort humbly replies under date of April 22, trying to crawl out from under the statement and square himself with the medical profession of New Jersey. That he will be able to do this seems very problematic, since nearly every county society in the State has taken up the matter, and passed resolutions of confidence in Dr. Halsey, and condemnation of the bogus reformer, Fort.

(Then follows editorial remarks on the governors of Missouri, Indiana and Illinois. Governor Hadley, of Missouri, from whose address of welcome to the A. M. A. at St. Louis we gave extracts in our July number, is specially praised.—Editor.)

American Association of Clinical Research.

The second annual meeting of this association will be held in Boston, Mass., on September 28 and 29, 1910. Some very valuable contributions on researches in medicine and surgery; in prophylactic and anaphylactic medicine; in mental medicine; in radio-therapeutics; in metabolism, etc., are promised. There will also be a public meeting.

Every physician is most cordially invited to become a member. Applications and program will be forwarded on request being made to Dr. James Krauss, 419 Boylston street, Boston, Mass.

Cholera may Prevent Medical Meeting.

The meeting of the International Gynecologic Congress, which was to be held in St. Petersburg in September, may not convene in that city on account of the epidemic of cholera prevailing there. Dr. Charles A. L. Reed, Cincinnati, president of the American committee and government delegate to the meeting, has cabled the Russian committee that if the meeting cannot be held there the American profession will welcome the organization to this countyr. The meeting of 1908, which was to be held in St. Petersburg, was deferred for the same reason.

International Epilepsy Congress.

An international association for a systematic study of epilepsy and care and treatment of epileptics was organized at Budapest last year, and the first general meeting is to be held at Berlin October 4 to 7, 1910. Professor A. Tamburini, of Rome, and Professor J. Donath, of Budapest, are, respectively, the president and the secretary of the association. Professor Veith will discuss the criminality of epileptics and a number of statistical works will be presented. The transactions will appear in the Journal Epilepsia.

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OF THE
Medical Society of New Jersey

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

CLEAN MEDICAL JOURNALS.

The *A. M. A. Journal,* in an excellent editorial on medical journals which prefer "decency to dollars," wisely urges physicians to subscribe for those journals which keep their columns free from unworthy proprietary medicine advertisements. It quotes from *The Gulf States Journal of Medicine and Surgery* as follows:

> If we cannot publish a journal whose readers will know that whatever its editors or advertisers say is untainted with either deceit or fraud, without going down in failure, then down we will go! There is no dishonor in such a failure! But we shall not fail!! Southern doctors want the sort of medical magazine that we desire to supply, and they will stand up to us through this fight.

The *A. M. A. Journal* editorial closes with the following words which we commend to the careful consideration and wise action of our readers: "The time has come when the medical profession must wake up to a fact that it has very largely ignored in the past: It costs money to publish a medical journal. If physicians—in whose interests these journals are published—are not willing to support them, the proprietary people stand ready to relieve physicians of the necessity of doing so. But—and this is the crux of the whole matter—the journals will naturally favor, and advocate if necessary, the interests from which they receive their chief support. If the medical profession wants really independent medical journals—independent of all interests except those they are supposed to represent—it must pay for them."

THE GOVERNORS, MEDICAL MEN AND APPROPRIATIONS.

On page 187 will be found an editorial from the *Illinois Medical Journal,* in which the editor gives his estimate of Governor Fort, of our State, and the governors of a few other States, especially in reference to their attitude toward the medical profession. We are also pleased to find in the August issue of the *Texas State Journal of Medicine* the following extract from a letter written by Governor Colquitt, of Texas, when a candidate:

> I am in favor of adequate appropriations for the proper support of the State Board of Health and the efficient and effective administration of the health laws of the State. I am in favor of the establishment of the tuberculosis sanatorium. When I was a member of the State Senate I made special efforts to secure appropriations for an adequate increase in the asylums and the institutes for the deaf and dumb and the blind. I think the time when high-sounding promises and pretense concerning these institutions should be supplanted by practical action, which will result in the enlargement of the insane asylums and the institutions for the deaf and dumb and the blind, so that not a single person deserving of the benefits of these institutions shall be denied it on account of parsimonious appropriations and inadequate buildings. I am personally in favor of the establishment of an institution for the care of indigent consumptives, and being personally in favor of such an institution, if I were Governor of the State I would recommend that the Legislature make appropriation for its establishment and maintenance, and would exercise what influence a Governor could with propriety exert to secure the establishment of an institution of this kind. For one, I most heartily applaud the humanitarian sentiment actuating the physicians of this State in their efforts to secure this result, and you may count me one of your laborers in this cause.

It is certainly a great pleasure to know that some governors are intelligent and honorable enough to recognize and approve the humanitarian sentiment which actuates physicians in their efforts to secure legislation that shall safeguard the lives and health of

our citizens, and shall also adequately provide for the unfortuntae classes who need the care of the State in institutions properly equipped and liberally sustained. As the *Texas Journal* says: "All governors do not feel that way about it." Some of them are lacking in humanitarian sentiment and are insincere and inconsistent in their public utterances advocating economy. It is the old story—"liberal appropriations for the care of hogs and parsimonious appropriations for the care of human beings."

MEDICAL EDUCATION.

In these days of too frequent hypercriticism of men and measures, especially of those connected with our educational and eleemosynary institutions, it is necessary to possess and exercise the judicial mind, which insists on the fullest knowledge possible of all facts on both sides of any given question and then weighs the testimony with an unbiased mind and thereby be enabled to pass impartial and just judgment. We have in this Journal sought to observe this attitude in reference to the increasing criticism of the medical schools of our country. While we have personally long indulged the belief that there were just grounds for criticism of most of them; that the requirements as to the preliminary education of applicants for admission therein were often utterly inadequate; that the curricula and methods of teaching were faulty, especially in the absence or inadequacy of laboratory, dispensary and hospital facilities with proper instruction connected therewith; that the examinations for the degree of M. D. were not sufficiently rigid; that the profit of the faculty directly or indirectly too often took precedence over the proper teaching of the science of medicine and that there were at least twice the number of medical schools in existence and twice as many students graduated therefrom as the demand for physicians required.

But while thus believing we have waited for the results of the long, patient and painstaking investigations on this subject which the A. M. A. Council and the Carnegie Foundation were making before stating our beliefs decidedly in the Journal. We certainly cannot be indifferent to this subject which so vitally concerns the highest interests not only of the medical profession, but also of humanity. The subject unquestionably appeals to and should receive the most careful consideration of the members of the Medical Society of New Jersey, not only because this society is the oldest medical society in the country, but chiefly because its whole history of one hundred and forty-four years has been marked by most earnest and persistent efforts to raise the standard of medical education.

We are now in position to seriously consider this whole question, since the reports of these two investigating bodies are before us. They are masterly reports which show most thorough, critical and unbiased investigation of all the medical schools in the United States. We believe they give us substantially correct facts concerning them —facts which show faulty conditions in many of these schools which far exceed what we have believed—and the conclusions which these able and careful investigators have drawn from these facts will convince every intelligent physician that there is imperative need of radical measures which will bring the majority of these schools up to the acceptable and proper standard, or close their doors.

It is a remarkable fact that these two reports appearing at the same time, emanating from two bodies separate and distinct from each other and without conference, should almost exactly agree as to the facts reported concerning these schools and in the conclusions drawn therefrom, especially when one report was made by physicians on facts ascertained by medical men and the other was made by a layman who is an eminent teacher. We think, after a brief study of them, that the latter exceeds the former in fullness and severity of judgment and possibly in the practicality of the conclusions drawn suggesting remedial measures, and we are not surprised, because the questions involved are largely those of

the conduct of and proper methods of teaching in these schools. Probably in some instances the judgment is more severe than a closer study will justify and the conclusions may, therefore, need some modification, especially in the case of some of the smaller medical colleges which have thorough equipment and abundant financial resources.

We are not surprised that the reports of the A. M. A. Council and Carnegie Foundation produced, on their presentation, a profound sensation and immediately stirred up a bitter antagonism. The unfortunate thing for most of the objectors is that they expressed their judgment and took action hastily, before they had time to carefully read and digest the reports, form sound judgment and act wisely. It is reported that one of the St. Louis medical schools has commenced suit against the A. M. A. and also against the Carnegie Foundation for $100,000 damages. We are inclined to regard this as a helpful incident in the discussion and settlement of this question, because it will serve to awaken public interest in this controversy, and such interest is needed as the public at large is far more vitally concerned than the medical profession. As President Prichett, of the Carnegie Foundation, says, in his introduction to the published report:

> One of the problems of the future is to educate the public itself to appreciate the fact that very seldom, under existing conditions, does a patient receive the best aid which is possible to give him in the present state of medicine, and this is due mainly to the fact that a vast army of men is admitted to the practice of medicine who are untrained in sciences fundamental to the profession and quite without a sufficient experience with disease. A right education of public opinion is one of the problems of future medical education.

In this direction—of educating the public—we note a somewhat elaborate article by Mr. Flexner, in the August issue of *The American Review of Reviews,* entitled "Fewer and Better Doctors." We have not had time to give it careful thought, but the question occurs to us—at first thought—whether the radical position it takes is the best method of introducing the matter for public consideration so as to secure the best and speediest results. The measures suggested by Mr. Flexner will certainly arouse bitter opposition, especially that which would allow only one medical school to a city and that one only in connection with a university. This would require the merging of several first-class medical schools, *e. g.,* Jefferson College and the University of Pennsylvania, and of several in New York and Chicago. Mr. Flexner's article contains two diagrams, one representing the number, location and distribution of medical schools at the present time, and the other the suggested number, location and distribution. The latter would reduce the number from 155 to 31.

There is little doubt that thirty or forty first-class medical schools with adequate laboratory and hospital equipment, scattered throughout the United States, at accessible points, would be sufficient to supply all the physicians that are needed.

One of the most puerile arguments we have heard against the conclusions of these reports of the American Medical Association Council and Carnegie Foundation, is the one which really means that the closing of some of the smaller medical schools which have defective equipments and teaching methods and whose fees are smaller, is against the interests of the "poor boy" who wishes to study medicine and who cannot afford the greater expenses of the better class of university medical schools. We cannot now fully discuss that argument nor the statement in the Carnegie report, which anticipates that objection, that "it is clear that the poor boy has no right to go into any profession for which he is not willing to obtain an adequate preparation." We say that the poor boy who studies medicine needs and should have the best medical education and training obtainable. The State provides him the high school preparation, a fitting preliminary for his medical education; our colleges provide scholarships which hundreds of poor boys

have availed themselves of and, we believe, that the medical departments of our leading universities should provide in the same way for the poor boy's medical education. Our great philanthropists who are giving their millions to these institutions could do no better work than to designate a portion of their gifts for the founding of such scholarships.

Let us not, however, lose sight of the fact that under the provisions and developing influence of our democratic form of government, America is the land for the poor boy. Many of our most eminent physicians, surgeons and specialists were poor boys who, by patient, persevering study, indomitable energy, grit and willpower, conquered adverse circumstances and, we are compelled to admit, some of them have conquered in spite of defective medical school education and training.

But while admitting the fact of such exceptional cases and the probability of similar ones in the future, we insist that the poor boy, or any other boy who decides to study medicine now, ought to have the most thorough education and training that the best medical college can give him. The rapid progress we are making in the knowledge and practice of scientific medicine, and the fact that we are educating the public to appreciate and demand thoroughness in medical education, require it.

We give on page 186 the report of the Reference Committee on Medical Education presented at the A. M. A. annual meeting at St. Louis, which considered the full report of the Council on Medical Education. From it will be observed that the work of the council during the past six years has accomplished much in raising the standard of some medical schools. Attached to the report is a full list of the three classes of medical schools: Class A, acceptable medical colleges; Class B, medical colleges needing certain improvements to make them acceptable, and Class C, medical colleges which would require a complete reorganization to make them acceptable.

This list may be found on pages 2061 and 2062 of the A. M. A. *Journal*, June 18, 1910.

We shall give extracts from the reports of the A. M. A. Council and the Carnegie Foundation in subsequent issues of our Journal, and editorial comments thereon.

Governor Talks to Medical Alumni.

At a meeting of the alumni of the Medico-Chirurgical College, June 2, Governor Stuart was the chief speaker. He declared that Pennsylvania had expended more money in the advancement of medical science than any other State. He said that Pennsylvania gives $7,000,000 to the cause of medicine and $1,000,000 goes annually to the support of the health deparment. Pennsylvania is a pioneer in the cause of tuberculosis and has expended $2,000,000 in two years in the erection of sanatoriums for the care of persons afflicted with the disease.

Opposes Vivisection by a Government Bureau.

Prosecution for alleged vivisection of dogs by the bureau of animal industry of the Department of Agriculture and several other government bureaus at Washington, D. C., is threatened by the Washington Humane Society. The secretary of the organization said that evidence is being gathered and that if the law which allows vivisection for experimental purposes in the District under the supervision of recognized medical colleges or scientific societies is construed also to embrace government institutions, an effort will be made to have a law passed prohibiting vivisection in the District under any circumstances.

Hospitals.

State Hospital at Trenton Inspected,

The Board of Freeholders of Mercer County made its annual inspection of the New Jersey State Hospital for the Insane two weeks ago. Fifteen members of the board went through the institution and were shown through by Dr. Henry A. Cotton, the medical inspector of the institution.

Warden Samuel T. Atchley gave the freeholders a complete list of the county patients in the asylum. These inmates are supported by State and county funds. There are 265 Mercer County patients in the institution, of whom 137 are males and 128 females. Warden Atchley entertained the freeholders at dinner.

Dr. Cotton told the freeholders of the many plans which he and the board of managers of the asylum have under consideration. He also showed the visitors the material improvements that have been made during the past few months. New furniture has been placed in the majority of the wings of the institution, taking the place of the old-fashioned wooden

benches. Dr. Cotton is instituting a system of women nurses for the men's wing of the hospital. Several women are now fulfilling the duties of the position and their work has been satisfactory, according to Dr. Cotton.

The medical inspector also contemplates the establishment of an eight-hour workday for the attendants. At present they work ten hours and receive one day's leave of absence each week.

The question of a night and day system of nurses for the wards containing persons afflicted with acute cases of insanity, was discussed August 10th, at the quarterly meeting of the Board of Managers of the State Hospital for the Insane. Definite action in the matter was not taken, however, and it will be reported upon later. Outside of routine, this was the only business taken up.

State Hospital Tuberculous Cows Killed.

Fourteen cows of the fine herd of graded Holsteins at the State Hospital for the Insane at Trenton, which responded to tests for tuberculosis, were slaughtered recently, in the presence of a number of officials of that institution, and several other cows at the farm which are under suspicion of being infected with the disease are now isolated from the others, which had been pronounced sound. The tests were made by Dr. Harker, of Trenton, and Dr. Voorhees, of Somerville, at the suggestion of Warden Atchley, who intends to continue with the tests and eventually have a herd of cattle which is entirely free from the disease.

Some of the number of cows slaughtered were found to be in an advanced stage, while others showed but slight effects of the disease. While the cattle killed cannot be replaced in the open market for less than $75 and $80 a head, the institution received the usual amount allowed by the State for cows killed under such conditions, about $37.48.

The cows at the institution will later be subjected to another test.

Warden Atchley desires that the institution free its stables of infected cows and then raise its supply. In this manner, it is said, there would be little likelihood of the disease again finding its way into the stables.

North Hudson Hospital.

Surprising disclosures were made at the meeting of the board of governors of the North Hudson Hospital, held in the Union Hill Town Hall, August 9th, about the hospital being overcrowded. The new institution, which has been open only a few months, is already crowded, and some of the patients are sleeping on cots in the hallway.

This surprising condition of affairs was made known by President Menegaux. It is feared that the babies' ward, which has not been used extensively since it was opened, will have to be turned into a male or female ward.

It was also said that it may be necessary to find new quarters for the nurses and utilize the rooms they are taking up in the making of a new ward. It was asserted that the hospital has a deficit of nearly $700.

President Menegaux sounded the warning to the members when he said:

"Gentlemen, something must be done to relieve the conditions. The male ward, in which there are about fifteen beds, is overcrowded, and some of the patients are forced to sleep in the hallway on couches. The female ward is in precisely the same condition.

"We have a big deficit on our hands, and it is out of the question to even think of making an addition to the present building. When we constructed the new building, we thought we would have ample room, but through some unforeseen cause we find that we are not able to take care of the cases that come to the hospital every day.

"We have not got the space nor the help nor the facilities to accommodate the people that are in the hospital at present without enlarging the building and taking in more patients. There is no doubt that we shall have to do something soon. There must be more room made somehow, for the patients must be provided for."

Dr. Poole, one of the surgeons connected with the hospital, said the conditions were alarming. He said he could not understand the cause of it, but he said he saw clearly that unless more room was made soon the conditions by the first of the year would be hopeless.

President Menegaux then stated that perhaps the babies' ward, which has not been patronized largely, could be turned into a ward for general patients and emergency cases.

He said that about fourteen more beds could be placed in there, and this would greatly relieve conditions, and if there were any babies they would have to be taken to the female ward. The nurses may have to find new quarters also, he said. They have considerable room in the building and this space could be used for more cots. While speaking on this subject, President Menegaux said: "The only way I can see at present is to renew our activities in regard to that per capita idea for all North Hudson."

There was a long discussion on the date of the meeting at which it is expected the mayors of all the municipalities in North Hudson will be present and will agree to some kind of a per capita tax being levied upon the towns for the support of the hospital. The date was set for September 9.

The report of the superintendent, Miss Katherine Tully, verified the report that the institution was overcrowded. It read that there were eighty-three patients in the hospital at present. It stated that on one day alone thirty-one persons were taken to the hospital. During the month there were fifty-one ambulance calls.

There were also thirteen operations performed. The cost of maintaining such a large number of patients she reported as costing only $1.15 per day for each patient.

It will be a difficult matter to prevail upon the several North Hudson towns and townships to levy a tax for the support of the North Hudson Hospital until the towns consolidate or are given a say in the management of the institution. It would be easier to fix certain rates for patients and enter into a contract with towns to pay, or guarantee to pay, for every patient coming from it.—The Observer of Hudson County.

Obituaries.

HORNBLOWER.—At Allandale, N. J., August 7, 1910, Dr. Theodore Hornblower, of Jersey City, in the sixty-sixth year of his age.

Dr. Theodore Hornblower was graduated from the College of Physicians and Surgeons, New York, in 1871, and immediately begun his practice on the Heights, where the Hornblowers have been known as medical men since the days of the Revolution.

Dr. Theodore—as he was called to distinguish him from his older brother, Dr. Josiah, who is still hale at his home and place of business, Central avenue and Griffith street, Hudson City—first began practice at what is now 419 Hoboken avenue. This is opposite the end of Central avenue.

His residence was at Central avenue and Fleet street, one block away. Dr. Theodore remained at this professional stand until about ten years ago, when he located at the Bergen avenue address.

He is survived by a widow, his second wife. There are no children. The only child of the first wife passed away early in life.

Dr. Hornblower, who was one of the oldest and most widely known physicians in this section, died of a complication of diseases. His health had been failing gradually and finally, the Saturday before last Easter, he was compelled to leave his home on the Heights and seek the seclusion and rest of his beautiful villa in Bergen County. There he remained until the last.

Dr. Josiah Hornblower, the first, who began the practice of medicine in 1789, and was the first medical man in Hudson County, was the grandfather of Drs. Josiah and Theodore Hornblower, the former of whom, as already stated, is now in the Hudson City section of Jersey City. When the first medical man of the Hornblowers began practice he settled in Bergen on a ten-acre plot. He was a surgeon in the United States army and as such ranked as a captain. When the War of 1812 broke out he distinguished himself for his bravery and was placed in charge of the old government arsenal, which then stood on Palisade avenue, between Hoboken and Newark avenues.

This first Dr. Josiah Hornblower was a son of Josiah Hornblower, the eminent engineer, who first made use of steam in a practical way in this country. Josiah Hornblower, the engineer, was a member of the Continental Congress and was a captain in the Revolutionary Army. His application of steam to machinery was in 1753, when he used it to work what is known as a Cornish pump. The old copper mines at Arlington, this State, were the scene of this interesting event. At that time Josiah Hornblower lived in Passaic. Besides proving himself an eminent engineer he dabbled in politics with equal success, for he was chosen the first Speaker of the New Jersey House of Assembly.

RIDGWAY.—At Atlantic City, August 4, 1910, Dr. William F. Ridgway, aged 38 years.

Dr. Ridgway was born in Hanley, Staffordshire, England, January 14, 1872. He was the grandson of the late George Ridgway, who held the position of Lord Mayor of Hanley for sixteen years, declining the restoration of knighthood from the late Queen Victoria. The famous Ridgway Potteries, the oldest in England, were owned by the Ridgway family for many years.

With his parents, Mr. and Mrs. William F. Ridgway, Dr. Ridgway came to this country at the age of eleven. At the age of fifteen he was graduated with first honor from the Chicago High School, winning a scholarship at the Northwestern University. He took the degree of Ph. G. at the Philadelphia College of Pharmacy in 1895, winning three prizes, and came to Atlantic City shortly afterward, engaging in the drug business. He was a pharmacist in the United States Navy for several years (about 1895) and also studied in the Philadelphia Lying-in Charity Hospital.

In 1906 Dr. Ridgway was registered as a medical student in the office of Dr. Edward A. Reiley, of Atlantic City.

In 1904 he received the degree of Doctor of Medicine at the Jefferson Medical College, Philadelphia. He went abroad the next year to pursue medical studies, and received certificates of proficiency from the University of Edinburgh, the West London Hospital of London, the Rotunda Hospital of Dublin and the Austria General Krankenhaus in Vienna. Two years later he returned to Vienna to further pursue medical study.

For one year Dr. Ridgway held the position of physician to the Board of Health and for the past three years has been physician to the city poor. He was also a member of the medical staff of the Atlantic City Hospital.

He was a member of the Alpha Kappa Kappa and the Alpha Omega Alpha honorary medical societies; a member of the Atlantic County Medical Society, the New Jersey State Medical Society, the American Medical Association, the American Pharmaceutical Association and the Medical Council of the American Medical Association.

Dr. Ridgway's death was due to appendicitis. He had suffered two attacks of the same nature and had recovered without resort to the knife, under the skillful care of Dr. Edward A. Reiley, his closest friend in the city. When he found medical remedies futile on Sunday, July 31st, Dr. Reiley called in Dr. Senseman, and Dr. Ridgway was rushed to the City Hospital for an operation by Dr. Senseman, assisted by Dr. E. S. Sharpe.

Peritonitis had set in when the operation was performed late on Sunday night, and the gravity of the case was fully appreciated. Late on Monday Dr. Ridgway rallied, however, and Tuesday it was thought he had a chance of recovery. On Wednesday there was a change for the worse and Dr. E. E. Montgomery and later Dr. John C. Da Costa, noted specialists, of Philadelphia, were called in consultation, but he passed away on Friday morning at 5 o'clock.

Dr. Ridgway was married December 23, 1896, to Miss Alfaretta May Thorley, daughter of the late Dr. John D. Thorley, of Harrisburg, Pa.

He is survived by his widow, his father and mother, Mr. and Mrs. William F. Ridgway, of Seattle, Wash.; two brothers, Percy Ridgway and Ralph Ridgway, both of Seattle, Wash.; two sisters, Mrs. Robert Erskine and Mrs. Charles Curtiss, also of Seattle, all other relatives residing in England.

At a special meeting of the staff of the Atlantic City Hospital held on August 5, 1910, the following resolutions were adopted:

Whereas, An all-wise Providence has seen fit to remove from our midst our friend and colleague, Dr. William F. Ridgway; therefore, be it

Resolved, That we, the members of this staff, keenly feel his loss as an enthusiastic co-worker in the work of the hospital; that we desire to express our appreciation of his many lovable qualities as a man, and our high regard for his skill as a physician; and further be it

Resolved, That a copy of these resolutions be spread upon the minutes of the staff of the Atlantic City Hospital, and a copy be sent to the Journal of the State Medical Society and the Journal of the American Medical Association; and further be it

Resolved, That we extend to his bereaved family our deepest sympathy in this time of trouble.

William Edgar Darnall, E. C. Chew, Francis W. Bennett, Committee.

The following action was taken by the Atlantic County Medical Society at a special meeting, held August 5, 1910:

Whereas, The Atlantic County Medical Society has learned with sorrow of the untimely death of our brother physician, Dr. William F. Ridgway, who was endeared to us all by his many admirable qualities as a man and as a physician; therefore, be it

Resolved, That we keenly feel his loss from our midst, and that we desire to express our appreciation of his skill as a physician of exceptional ability, and his character as a man; and further be it

Resolved, That a copy of these resolutions be spread upon the minutes of the Atlantic County Medical Society and copies sent to the medical journals; and further be it

Resolved, That we extend to his family our sincerest sympathy in their bereavement.

T. D. Taggart, William Edgar Darnall, Arthur E. Ewens, Committee.

WARD.—In London, England, July 13, 1910, Dr. Leslie D. Ward, of Newark, N. J.

Dr. Ward was born on a farm at Madison, N. J., July 1, 1845. He was educated at the Newark Academy, after which he entered Princeton College, but he left college in June, 1863, to enter the army as a volunteer; after a year he returned, resumed his studies and was elected valedictorian of his class, but before commencement day he again enlisted in the Union Army. He was mustered out in 1864, returned home and decided to study medicine. He entered, as a student, the office of Dr. Fisher, in Morristown, and afterward took a regular course at the College of Physicians and Surgeons, New York City, and graduated in 1868. He became associated with Dr. Lott Southard in Newark, but after two years he opened his own office and had a lucrative practice. In 1876 he became a member of St. Michael's Hospital staff and later a visiting surgeon at St. Barnabas Hospital. In 1877 he was appointed county physician and served several years.

Dr. Ward took an active part in organizing the Prudential Insurance Company; was one of the incorporators and a director in its first board; was medical director until 1884, when he was elected first vice-president, and so served till his death. He became a director in several banks and industrial concerns, and these positions so occupied his time that he gave up the practice of medicine.

Dr. Ward also took a deep interest in politics. He was a staunch Republican; was a delegate in June, 1900, to his party's National convention in Philadelphia, and again in 1904 to the convention in Chicago. He was also active in social life as a member of the Union League and several clubs and entertained his friends with open-handed hospitality.

Dr. Ward was married March 5, 1874, to Miss Minnie Perry, daughter of James Perry, of Newark. Two sons were born to them—Leslie P. and Herbert E. Ward. Mrs. Ward died about five years ago, and the son Herbert is also dead.

Personal Notes

Dr. William H. Areson, Upper Montclair, and wife recently returned from a two weeks' sojourn in the Catskills.

Dr. Duncan W. Blake, Jr., Gloucester City, has been appointed medical inspector of the local public schools.

Dr. Abram E. Carpenter, Boonton, enjoyed a ten days' outing in Canada last month.

Dr. William S. Collier, Trenton, spent three weeks recently camping out at Naples, Maine.

Dr. James B. Griswold, Morristown, recently enjoyed a fishing trip to the Adirondacks.

Dr. James R. English, Newark, has been occupying his new cottage on Lake Drive, Budd Lake, this summer. He is vice-president of the Budd Lake Improvement Company.

Dr. George H. Foster, Rockaway, has returned from Montrose, Pa., where he has been regaining strength after undergoing a surgical operation.

Dr. Richard P. Francis, Montclair, and family, spent a few days last month at Nantucket.

Dr. Richard H. Hamill, Summit, with his family, has been enjoying for some weeks his automobile trip in New England.

Dr. J. Eugenia Jacques, Jersey City, spent her vacation in the Adirondacks.

Dr. William J. Lamson, Summit, spent several days last month in Gloucester, Mass., and some weeks in the White Mountains.

Dr. William H. Lawrence, Jr., Summit, and wife spent a few days at Sea Girt last month.

Dr. Carlo Martinetti, Orange, returned with his family last month from their European trip.

Dr. Winthrop D. Mitchell, East Orange, with his family, toured in New England during August.

Dr. Ralph Opdyke, Montclair, with his family, spent the month of August at his summer home at Lake Hopatcong.

Dr. William M. Pollard, Atlantic City, has resigned as custodian of the school funds of the City Board of Education.

Dr. Seigfried Husserl, Newark, has returned from a two months' stay at Berlin and Vienna.

Dr. Charles A. Schureman, Newark, who returned from Europe last month, is spending the remainder of his vacation at Millrift, Pike County, Pa.

Dr. Evan T. Steadman, Hoboken, who, with his wife, returned from Europe August 1st, spent the month of August in Maine.

Dr. Joseph H. Stiles, Springfield, and family have recently occupied their beautiful new home on Morris avenue.

Dr. David St. John, Hackensack, contributed an article to the American Journal of Surgery, August, 1910, on The Open-air Treatment of Burns.

Dr. Isadore Topkins, Califon, spent a week last month with his family in Canada.

Dr. Frederick C. Webner, Newark, with his wife and Dr. R. H. Rogers, enjoyed last month an auto trip to the Catskill Mountains and Lake George.

Dr. Charles J. Kipp, Newark, has returned home from Maine and Canada, where he spent several weeks.

Dr. Elias J. Marsh, Paterson, was registered at the Ocean House, Bay Head, in August.

Dr. William H. Shipps, Bordentown, with his family, spent the last two weeks of August at Lake Minnawaska, N. Y.

Dr. Richard R. Rogers, Sr., Trenton, enjoyed a week's vacation at Asbury Park last month. The doctor is the dean of Mercer County physicians and bears his years—87—well.

Dr. Gustav A. Becker, Morristown, and wife spent two weeks in Boston and Portland last month.

Dr. Edward L. Bull, Jersey City, with wife, spent the month of August at Slaterville Springs, N. Y.

Dr. William J. Chandler, South Orange, is enjoying a much-needed rest in Colorado. He expects to return about September 6th.

Dr. George H. Franklin, Hightstown, with his wife, spent two weeks at the seashore in August.

Dr. Edward S. Hawke, Trenton, was recently operated on at the Mercer Hospital, for abscess in abdomen. A short time ago he underwent operation for appendicitis.

Dr. George E. McLaughlin, Jersey City, sailed for Europe, August 13th. He will make a brief visit in Italy and expects to return home about the middle of September.

Dr. Alexander Marcy, Jr., Riverton, with his family, was in Edinburgh, Scotland, the first of August. He is now en route homeward.

Dr. Victor Mravlag, Elizabeth, who has made an excellent record as Mayor of that city, declines a renomination.

Dr. Alexander H. Small, Riverside, enjoyed a two weeks' vacation in August.

Dr. David St. John, Hackensack, with his family, occupied his cottage at Lake Placid, Adirondacks, during August.

Dr. Walter S. Washington, Newark, spent the last two weeks of August in Quebec and Montreal, Canada.

Dr. William A. Clark, Trenton, and wife recently took a ten-days' trip through Canada.

Dr. Edwin Field, Red Bank, has been urged to accept nomination for councilman in that city.

Dr. Joseph B. Harrison, Westfield, has consented to accept the nomination for Mayor,

Dr. Morgan D. Hughes, Bloomfield, and wife have recently returned home from Sussex County, where they spent several weeks.

Dr. Anna L. Smith, Montclair, spent the summer at Gloucester, Mass.

Dr. Martin J. Synnott, Montclair, spent the month of August with his family at Allenhurst,

Dr. John W. Wade, Millville, spent his vacation at Ocean City. While enjoying a fishing trip there he was tossed out of his boat into the water and had a narrow escape from drowning.

Dr. Henry Wallace, Glen Ridge, has returned from Maine, where he spent several weeks.

Book Reviews.

Dyspepsia: Its Varieties and Treatment. By W. Soltau Fenwick, M. D. (London), Doctor of Medicine of the University of Strassburg. Octavo of 485 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $3.00 net.

This work shows careful sifting of an immense amount of clinical data and deals with the different types of dyspepsia, carefully differentiating between the disturbance of digestion in the stomach itself due to primary disorder of that organ and cases due to disease of other organs. The first chapter which treats especially of the varieties of dyspepsia and their differential diagnosis is worthy of careful study and will prove helpful to the general practitioner especially, as the author properly says: "The science of gastric diagnosis is the art of taking trouble, that it is at all times diametrically opposed to guess-work, and an accurate recognition of the nature of a complaint is the only possible basis for curative treatment." The other chapters deal with dyspepsia as due to the following causes, a chapter to each: Abnormality of secretion; failure of the muscular power of the stomach; inflammations of the stomach; disturbances of the nervous mechanism of the stomach; presence of foreign bodies and living creatures in stomach; diseases of other organs. There is also an excellent chapter on dyspepsia in infancy and old age, special attention being given to the pathological changes which occur in the alimentary tract at those periods. It also fully treats of intestinal indigestion in the concluding chapter. It is one of the best books on dyspepsia we have seen.

A Manual of Personal Hygiene: Proper Living upon a Physiologic Basis. By Eminent Specialists. Edited by Walter L. Pyle, M. D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Fourth Revised Edition. 12mo. of 472 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $1.50 net.

The fact that this is the fourth edition issued within ten years is some indication of its value. The book wisely and practically carries out the professed object of its editor—"the best means of developing and maintaining physical and mental vigor." It is an exposition of proper living upon a physiologic basis.

The book has been thoroughly revised and to the contents of previous editions have been added: A chapter on body posture; also an illustrated system of home gymnastics; a chapter on domestic hygiene; an appendix containing the simpler methods of hydrotherapy, thermotherapy and mechanotherapy, and a section

on first aid in medical and surgical accidents and emergencies.

The book will be of value not only to the physician, but also to the intelligent layman.

HOOKWORM DISEASE. ETIOLOGY, PATHOLOGY Diagnosis, Prognosis, Prophylaxis and Treatment. By George Dock, A.M., M.D., Professor Practice of Medicine, Tulane Univ., La., and Charles C. Bass, M. D., Inst. Clinical Microscopy, Tulane Univ., La. New Orleans. Illustrated. St. Louis, C. V. Mosby Co., 1910.

This recently noted but widespread disease is very fully and pleasantly presented under the heading, of geographic distribution, zoologic features, modes of infection, pathologic anatomy and pathology, symptomology, diagnosis, prognosis, prophylaxis and treatment.

GYNECOLOGICAL DIAGNOSIS. BY WALTER BURRAGE, A. M., M. D. (Harv.), Clinical Instructor in Harvard University and in the Boston Polyclinic. 257 text illustrations. New York and London, D. Appleton & Co., 1910.

The object of this book is to aid the general practitioner in the differential diagnosis of the various diseases of women. The chapters on pregnancy, gynecological diseases of infancy and childhood, and the menopause are especially full and helpful in discovering the exact cause of suffering in the female sex. Considerable attention is given to the regional affections of the rectum, bladder and ovaries. The illustrations from photographs of actual patients are excellent and numerous. There is no other book which so well fills this exact niche.

BOOKS RECEIVED.

The Practical Medicine Series. Vol. IV., Gynecology, by Emilius C. Dudley, A. M., M. D., Gynecologist to St. Luke's Hosp., Chicago, and C. von Bachelle, M. S., M. D., Gynecologist to the German Hosp., Chicago. The Year Book Publishers, 40 Dearborn street, Chicago, 1910.

Reports of State Examining Boards.

	Examined.	Passed.	Failed.
Delaware, June	6	6	0
Florida, April	38	32	6
Louisiana, May	122	93	29
Massachusetts, May	36	18	18
Michigan, May	35	33	2
Minnesota, June	42	27	15
Nebraska, February	1	1	0
Nebraska, May	6	6	0
New Hampshire, July	30	24	6
North Dakota, July	16	13	3
Rhode Island, July	10	6	4
Utah, July	17	14	3

Public Health Items.

Medical Inspection of Summit Schools.

Dr. William J. Lamson presented his report as medical inspector, which showed that during the year two per cent. of the pupils had been found suffering from defective hearing; twenty per cent. from defective vision, sixteen per cent. from throat or nasal troubles, forty per cent. from defective teeth, and 198 pupils were found who had not been vaccinated. In all, 95 examinaions of pupils had been made, and practically all of the ailments from which the children suffered had been cured, or are being treated. Dr. Lamson recommended that room be set apart in one of the central school which can be used by the medical inspector or school nurse in treating minor afflictions with which pupils may be affected.

Health Inspection of Trolley Cars.

Dr. Edward Guion, health officer of Atlantic City, announced August 12th that he would, on the 13th, begin the inspection of the Atlantic avenue trolley cars, which have been complained of and will order off the line any car, which is not perfectly clean. He said:

"I shall have a force of inspectors at the Inlet car barns to inspect every Atlantic avenue car before it leaves the place, and if a car does not appear in proper condition it cannot go out.

"At Virginia avenue we will have other inspectors to look over the Fast Line cars, and at Florida avenue other inspectors will see that the Florida avenue suburban line is in proper shape. Solicitor Wootton has formally advised us that the Board of Health has the right to have its inspectors enter any trolley car anywhere and to instantly order it off the avenue at any point, if it is found unsanitary, but we do not propose to do anything which will inconvenience the public and will inspect the cars at the terminals. We will ask to have the cars fumigated a little more frequently. Some time ago, when I called on Superintendent Akarman and asked for a little better care of the cars, he met me half way and agreed to have them better kept and fumigated more frequently."

Tuberculosis Reports from Several Cities.

Methods adopted by other cities in carrying on the fight against tuberculosis were studied by Ernest D. Easton, secretary of the Newark Anti-Tuberculosis Association, during a vacation trip through Pennsylvania and Ohio.

Mr. Easton visited Pittsburg, Philadelphia, Cincinnati, Columbus and Springfield, and found that the phthisis war had been considerably aided and advanced to a state of efficiency by co-operation between the city authorities and anti-tuberculosis organizations.

"In Cincinnati," Mr. Easton said, "there is a day camp and Anti-Tuberculosis League and city authorities work hand in hand. The city dispensary is under the direction of the league which also has charge of the visiting nurses. Excellent work is being done and the City Hospital partially furnished the food for the day camp.

"Springfield has a day camp under the direction of the health officials. It is to be hoped that some time in Newark the health authorities will take over the present camp. In Columbus the league is in charge of the dispensary and camp.

"There is a league in Pittsburg which has two nurses. The Board of Health has five nurses and the State Dispensary, which is the largest in Pennsylvania, seven nurses. All of these departments co-operate.

"At the dispensary milk, eggs, clothing and cups are distributed and the health board com-

ls physicians to report cases. When there is death from tuberculosis the board examines e record and if the physician has not reported e case, action is taken. Nurses went out ough the city and 3,000 unreported cases re discovered.

The Phipps Institute, now part of the Uni-rsity of Pennsylvania, in Philadelphia, is en-avoring to discover a tuberculin. The insti-e was endowed by Henry Phipps and is tak-g up special research work. The source of in-tion and a remedy are sought."

Mr. Easton is at work on a circular which ll be distributed through Dr. A. Clark Hunt, the State Board of Health, to physicians oughout the State directing attention to the v compelling the reporting of phthisis cases.

Smallpox at Millville.

The Millville Daily Republican of August says:

"All of a sudden there seems to have arisen this vicinity a needless scare which is partly e to the heated discussion at the meeting of e Board of Health Friday night, augmented the misleading reports sent to out-of-town pers, that this city is liable to a serious epi-mic of smallpox. There is no necessity for y more care now than there has been for me time.

"In fact, there is less to worry over now than ere was two months ago when the disease s first discovered.

"At the present time there are four houses this city where the quarantine flag flies. That all that the Board of Health has any knowl-ge of. All cases are doing well and are close-quarantined."

Cholera and Smallpox.

In Russia from June 19 to 25 there were re-rted 3,564 cases of cholera, with 1,423 deaths. Reports from St. Petersburg, under date of gust 6th, say that the growth of the cholera ourge in Russia within the last few days, ing to a spell of unusually hot weather, has en so alarming that the government is at last ake to the fact that a national calamity con-nts her. Factories are shutting down every-here, mines are temporarily closed, railroads e hampered and the peasantry so affrighted at unharvested crops are rotting in the fields. In rural Russia alone there are approximately 0,000 cases of such a malignant type that near-50 per cent. are proving fatal. In the cities, e conditions are equally appalling.

St. Petersburg hospitals contain 1,000 cases d there are probably as many more cases in ivate houses, owing to the Health Depart-ent's recognized incompetence in discovering d isolating cases.

In Buenos Ayres, South America, there were ported from April 1 to 30, 83 deaths from allpox, and in Bahia, Brazil, from April 30 to ne 10, 110 deaths from smallpox.

ate Board Seeks to Control Infantile Paralysis

Dr. Bruce S. Keator, secretary of the State oard of Health, recently said:

"The board has requested Dr. A. Clark Hunt, ief of the division of medical and sanitary in-ection of the board, to keep under close ob-rvation any cases throughout the State which ay be reported by physicians of the State. Numerous epidemics of the disease have occurred in Europe, Australia and America. In Norway and Sweden, epidemics have occurred since 1875. Careful study has been made of the epidemics in Boston and New York, which occurred in 1907, and valuable information has been obtained which will aid in the prevention of the disease.

"Within the past two months several cases have been reported to the State Board of Health. These cases occurred in various portions of the State, and as no large number were recorded in any single sanitary district, it cannot be said that the disease is epidemic. * * *

"The State Board of Health will require the reporting of individual cases throughout the State, and the physicians of the State will aid in the study of the disease and in the adoption of preventive measures."

Surgeon-General Wyman, of Washington, D. C., says that nowhere in the country is the disease so prevalent as it was last year, when the State of New York had 2,000 cases, and the year before when Massachusetts had 1,000 and the States of Nebraska, Kansas and Wisconsin had extensive epidemics. The surgeons can offer no suggestions as to preventing the spread other than clean, sanitary habits. The only remedy they know is proper diet and massaging.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, July, 1910.

The number of deaths reported to the Bureau of Vital Statistics for the month ending July 10, 1910, was 3,117. By age periods there were 789 deaths among infants under one year, 235 deaths of children over one year and under five years, and 823 deaths of persons aged sixty years and over.

The number of deaths from suicide is higher than for any period during the past two years.

Deaths from infantile diarrhœa show the usual increase expected at this season of the year; however, the number is larger than for any corresponding period during the past five years, as shown by the following figures:

Deaths from infantile diarrhœa—

July, 1906	153
July, 1907	65
July, 1908	202
July, 1909	152
July, 1910	345

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 10, 1910, compared with the average for the previous twelve months, the average in each case being given in parentheses:

Typhoid fever, 37 (25); measles, 18 (15); scarlet fever, 19 (24); whooping cough, 41 (21); diphtheria, 34 (54); malarial fever, 5 (2); tuberculosis of lungs, 308 (299); tuberculosis of other organs, 51 (58); cancer, 156 (141); diseases of nervous system, 374 (360); diseases of circulatory system, 353 (354); diseases of respiratory system (pneumonia and tuberculosis excepted), 156 (228); pneumonia, 184 (256); infantile diarrhœa, 345 (198); diseases of the digestive system (infantile diarrhœa excepted), 176 (194); Bright's disease, 187 (222); suicide, 45 (34); all other diseases or causes of death, 628 (638); total, 3,117 (3,123).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 264; tuberculosis, 340; typhoid fever, 306; malaria, 21; miscellaneous specimens, 32; total, 963.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending July 31, 1910, 701 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following specimens were found above standard: All of the 28 samples of ground spices but one; 17 of cream and the one of tincture of iodine. The following were found below standard: 44 of the 653 samples of milk; both of the two of butter; the one of smoked tongue; 3 of the 4 of camphorated oil, and 7 of the ten samples of oil of peppermint. The following suits for adulteration were instituted: 27 of butter, 2 of cream, and one of white pepper.

During the month ending July 31, 1910, 90 inspections were made in 58 cities and towns:

The following articles were inspected during the month, but no samples were taken:

Milk, 622; butter, 291, foods, 730; drugs, 22.

Other inspections were made as follows: Milk wagons, 500; drug stores, 3; meat markets, 36; milk depots, 55; milk cans, 167; bottling establishments, 20; grocery stores, 248; hotels, 1; confectionery stores, 8.

Division of Creameries and Dairies.

Dairies and Milk Shops.

During the month, 278 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies awarded 60 per cent. and over, and the number below 60 per cent.:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	22	9	13
Burlington	43	15	28
Camden	12	7	5
Essex	12	3	9
Mercer	2	1	1
Middlesex	17	12	5
Monmouth	16	9	7
Morris	15	8	7
Ocean	3	0	3
Passaic	76	43	33
Salem	1	1	0
Somerset	52	35	17
Union	7	4	3
Totals	278	147	131

Number of dairies, first inspection, 221.

Number of dairies, reinspection, 57.

Water samples collected from dairy premises, 23.

During the month, inspections were made at the request of the following local boards of health:

Asbury Park, Burlington, Collingswood, Englewood Cliffs, Kenilworth, Newark, New Brunswick, Paterson, South Orange Township, Summit.

Creameries.

Forty-eight creamery inspections were made during the month, as follows: Baptistown, Barley Sheaf, Camden 7, Changewater 2, Clifton, Hackensack, Irvington 2, Jersey City 2, Morristown 2, Newark 10, New Brunswick 4, Pa saic 2, Paterson 5, Pemberton, Ramsey, Summ Trenton, Washington, Woodbury 2, Wood town.

Number of creamery licenses recommended,

Number of letters sent to creamery oper tors, 52.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the la oratory, 176: Public water supplies 66, dai wells 27, State institution supplies 3, sewa samples 19, private wells 49, creamery wells spring waters 4, miscellaneous 6.

Inspections.

Public water supplies inspected at Newto Bridgeton, Mantua, Island Heights, Rockawa Marlton, Bound Brook, Raritan, Haddonfiel Merchantville, Stockton, Medford.

Sewerage plants and systems inspected Glen Gardner, Collingswood, Woodstown, Bu lington, Millville, Flemington, Red Bank, De Beach, Allenhurst, Loch Arbor, Interlake Asbury Park, Ocean Grove, Bradley Beac Avon, Moorestown, Belmar, Como, Nor Spring Lake, Spring Lake, Sea Girt, Sta Camp (Sea Girt), Manasquan, Point Pleasar Water Witch, Carlstadt, East Rutherford, Ca ton Hill, Lakewood, Morristown, Island Height

Special inspections at Newton, Phillipsbur Rockaway, Lake Hopatcong, Butler, Bloon ingdale, Wanaqua, Delanco, Atsion, Batst Island Heights, Birmingham, Pemberton, Flen ington, Skillman.

Stream inspection on Shrewsbury, Wallki Whippany, Raritan and Rahway Rivers, Law ence Brook, Lake Hopatcong, Cohansey Cree Whale Pond Brook, Middle Brook.

Plans for sewerage purification plants a systems approved, 14; disapproved, 1; plans f public water supplies approved, 3; number pollutions reported, 98; number of pollutio reported as abated, 28; number of ten-day n tices issued to cease pollution, 70.

Plans for a sewerage purification plant for t Boroughs of Madison and Chatham were su mitetd to the board. These plans were he pending a special hearing to be given perso from these boroughs specially interested.

New and Non-Official Remedies Approved b the A. M. A. Council of Pharamacy and Chemistry.

Chinosol (Chinosol Co., Parmele Pharmac Co.).
Diaspirin (Farbenfabriken of Elberfeld Co.).
Nuclein Solution, Abbott (Abbott Alkaloid Co.).
Nuclein Tablets, Abbott (Abbott Alkaloid Co.).
Parathyroid Tablets (Armour & Co.).
Corpus Luteum Desiccated (Armour & Co.).
Pituitary Body Desiccated (Armour & Co.).
Pituitary Tablets (Armour & Co.).
Ferratin (Merck & Co.).
Arsenoferratin (Merck & Co.).
Arsenoferratin Tablets (Merck & Co.).
Arsenoferratose (Merck & Co.).
Thigenol (Hoffmann - LaRoche Chemic Works).
Supracapsulin 1:1000 Solution (Cudahy Pac ing Co.).
Adrin Inhalant Comp. (H. K. Mulford Co.).
Adrin Troches (H. K. Mulford Co.).

OFFICIAL TRANSACTIONS

OF THE

44th Annual Meeting of the Medical Society of New Jersey.

(Continued.)

SECOND DAY.

Wednesday, June 29, 1910.
Morning Session, 9 o'clock.

A meeting of the secretaries and treasurers of he component societies was held at 9 A. M. Dr. Daniel Strock as presiding officer made an ddress and presented a constitution and by-aws. These were adopted tentatively and will e considered more fully next year. The ad-ress and constitution appear on other pages in he August and September issues.

GENERAL SESSION.

The meeting was called to order at 9:55 A. M. by the president.

Personal Experiences in Renal and Ureteral Surgery; A Clinical and Pathological Study of Ten Operative Cases, George N. J. Sommer, M. D., Trenton.

Contribution to Stomach Surgery, Edward Staehlin, M. D., Newark.

Discussed by Drs. Carl E. Sutphen, Newark, and Thomas W. Harvey, Orange.

The Spontaneous Cure of Malignant Disease, with the History of a Very Unusual Case, Alexander Marcy, Jr., M. D., Riverton.

Discussed by Drs. Edward J. Ill, Newark, and George E. McLaughlin, Jersey City.

Surgical Mishaps, Frank D. Gray, M. D., Jersey City.

Discussed by Dr. William F. Faison, Jersey City.

Stenosis of the Respiratory Vestibule, Emery Marvel, M. D., Atlantic City.

Discussed by Dr. Theodore W. Corwin, Newark.

Prize Essay: Ophthalmia Neonatorum, Elbert S. Sherman, M. D., Newark.

The following papers were read by title:

Myasthenia Gastro-Intestinalis, Henry A. Cossitt, M. D., New York City.

Sulph-Hemoglobinemia, with a report of the First Case in America, T. Wood Clark, M. D., New York City, and Robert M. Curts, M. D., Paterson.

Adjourned at 12:10 M.

Wednesday, June 29, 1910.
Afternoon Session, 2:30 o'clock.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 2:45 P. M. by the president.

The report of the Nominating Committee was presented by Thomas N. Gray, of East Orange. The following were recommended for election:

President, Thomas H. Mackenzie, Trenton.

First vice-president, Daniel Strock, Camden.

Second vice-president, Norton L. Wilson, Elizabeth.

Third vice-president, Enoch Hollingshead, Pemberton.

Corresponding secretary, Harry A. Stout, Wenonah.

Recording secretary, William J. Chandler, South Orange.

Treasurer, Archibald Mercer, Newark.

Councilors, Thomas N. Gray, East Orange; Edward P. Denner, Paterson; William A. Clark, Trenton; William H. Iszard, Camden; John Hunter, Jr., Westville.

Committee on Publication, Charles J. Kipp, Newark; Ellis W. Hedges, Plainfield.

Committee on Scientific Work, John C. McCoy, Paterson; Alexander McAlister, Camden (to fill unexpired term of John C. Parsons).

Committee on Program, William F. Faison, Jersey City.

Committee of Arrangements, Reginald S. Bennett, Asbury Park; William W. Beveridge, Asbury Park; Henry Mitchell, Asbury Park; Harry E. Shaw, Long Branch; Edwin Field, Red Bank; Isaac S. Long, Freehold.

Committee on Public Hygiene and Legislation, Luther M. Halsey, Williamstown; Henry H. Davis, Camden.

Delegate to American Medical Association, E. L. B. Godfrey, Camden.

Alternate delegates, Luther M. Halsey, Williamstown; Alexander McAlister, Camden; William S. Lalor, Trenton.

Delegates to New York State Society, John Nevin, Jersey City; William E. Ramsay, Perth Amboy; Charles B. Smith, Washington; William J. Lawrence, Jr., Summit.

Delegates to Connecticut State Society, Geo. W. Lawrence, Lakewood; Palmer A. Potter, Orange.

Delegates to Pennsylvania State Society, Fred J LaRiew, Washington; William E. Darnall, Atlantic City; Fred W. Flagge, Rockaway.

Delegates to Maryland State Society, Ralph H. Hunt, East Orange; Howard C. Voorhees, New Brunswick.

Asbury Park was recommended as the next place of meeting, and the time of the meeting as the last Tuesday, Wednesday and Thursday in June, 1911.

Thomas N. Gray,
Secretary of Nominating Committee.

Dr. Gray then stated that the Nominating Committee wished it to be understood that members desiring to attend State Society meetings should apply to the president for appointment, whereupon the secretary, upon notification, would furnish the proper credentials.

It was moved and seconded that the report be received. Carried.

The next business was the election of officers by ballot.

Dr. Chandler made a motion that, if there were no other nominations, the sec-

retary be empowered to cast a ballot for the ticket as presented by the Nominating Committee. No other nominations being offered, the motion was seconded and carried without dissent. Dr. Chandler reported that he had cast the ballot, and the persons named were declared unanimously elected.

Dr. Gray then said that the recommendation of the committee as to the place of meeting should be voted upon.

Dr. Kipp made a motion that the recommendation be adopted. The motion was seconded.

Dr. D. C. English stated that Dr. Bruce S. Keator, secretary of the State Board of Health, had received the following telegram:

"The city of Asbury Park extends a most cordial invitation to the New Jersey State Medical Society to hold their next meeting here. Asbury Park offers many inducements which should attract the medical profession.

(Signed) "T. Frank Appleby, Mayor."

The motion was carried.

Dr. Chandler asked whether the time of the meeting was satisfactory as specified.

Dr. English replied that the committee recommended the last Tuesday, Wednesday and Thursday of June, and he moved that this be fixed as the time for the next annual meeting (June 27, 28 and 29, 1911). Seconded and carried.

MISCELLANEOUS BUSINESS.

Dr. Paul M. Mecray, of Camden, offered the following resolution, which the secretary read:

Whereas, It is the sense of the Medical Society of New Jersey that the interests of the profession of the State will be advanced by a systematic visitation of the president to the various component societies; therefore,

Resolved, That the president of this society is requested to visit as many of the component societies during his term of office as time and opportunity will permit.

Resolved, That the secretaries of the various component societies be instructed to notify the president of the date and place of every regular meeting.

Resolved, That expenses incurred by the president in the discharge of the duty herein named be paid by the treasurer, upon presentation of a bill approved by the Finance Committee.

It was moved and seconded that the resolution be adopted. Carried.

Dr. D. C. English made a motion that the society extend to Dr. John W. Ward, of Trenton, one of the most regular attendants at the society's meeting for the last thirty-five or forty years, who had been kept at home because of illness, an expression of its deep sympathy for him his sickness, and earnest desire for h speedy recovery. He also made a moti that the same be done regarding Dr. Da iel A. Currie, of Englewood, who was al detained from the meeting by illness. Th motion was seconded and carried.

Dr. Linn Emerson read a report, d ferred from the preceding morning, ar now received from Dr. Funk, on "Th Proper Age at Which Children Should B Sent to School."

Elizabeth, N. J., June 25, 1910.

To the Medical Society of New Jersey:

Gentlemen—The committee appointed la year to further consider the question, "A what age should a child be admitted to ou public schools?" has had a conference, and th following conclusions are presented in the hop that they may meet with the approval of th society.

(1) The aim of education is to prepare fo citizenship, to teach the children how to liv and, to a certain extent, how to make a living

(2) To secure the best results the schoo should be so organized and their work so d rected as to provide, first, for the proper de velopment and training of the body, and, sec ond, to develop and train the mind. Efficien citizenship requires sound, well-trained bodies no less than sound, sane, well-trained minds.

There must be strong vital force of body an muscles to support the strong, well-stored, well trained mind. These statements may be trite but your committee believes it necessary t affirm them because it would appear that schoo authorities have failed to realize the limitation and the possibilities of the child mind an physique, and that, in consequence, there hav been established rules and requirements in pub lic education which entirely disregard those nat ural conditions which render it imperative tha formal training of the mind be deferred unti the child has reached a definite stage of physi cal development.

(3) It would appear from the testimony o physicians that the normal child in our citie is not physically fit for the work of the school room before the age of seven years; that chil dren of five and six years of age who are com pelled to submit to schoolroom conditions suf fer in many ways because of such confinement restraint and requirements; that the growth an development of the brain is retarded, that th eye muscles are strained and pressure impose upon the soft tissues and eyeballs, causing near sightedness; that almost numberless cases o nervous and physical breakdown on the part o children in advanced grades may be attribute to the unnatural strain imposed upon the men tal and physical forces of the five or six yea old child during the first year or two in school

(4) It would also appear to be the teaching of experience that children entering school a the age of seven are not only better develope physically at the end of the school course, bu are able to, and do, complete the work re quired in much less time, graduating bette equipped mentally and physically at practically the same age as their less fortunate mates who entered school at an earlier age.

(5) It is a well-known fact that interest and

ttention are absolutely essential to the acquisition of knowledge or the development of skill.

The mind of the little child may be said to be volatile, it being practically impossible for a child to maintain interest and concentrate its attention for any considerable length of time.

One result of beginning school work at too early an age is said to be the development of habits of inattention and of idleness, habits which serve to seriously and materially retard the progress of the individual not only in school, but in adult life.

If these habits are not formed, it would appear to follow that a most unnatural strain must be put upon the child mind with a resulting process of deadening which must be destructive of thought in the true sense of real thinking, and to a permanent retardation of the development, mental or physical, or both mental and physical, of the individual.

(6) Again, the school requires that children sit erect, but it would appear to be impossible to enforce this rule during all the hours children of five and six years of age are required to remain seated, because their muscles are undeveloped, and weak, the spinal column and all bones peculiarly soft and flexible, due to the abundance of animal and lack of mineral matter, and it must follow that the long-continued effort made necessary by the hours of school required by law impose a strain which must result in physical, not to mention nervous deterioration, so that the development of the child is checked in a marked degree, resulting in discouragement and permanent retardation for the child, and a tremendous financial loss to the municipality.

As a matter of fact a considerable percentage of children form, during their first years in school, a habit of stooping or leaning over the desk, thus contracting the chest, making impossible full lung expansion, forming the bad habit of improper and superficial breathing, rendering the child liable, if not peculiarly susceptible to attack by the germs of tuberculosis affecting the lungs.

(7) Your committee is not unmindful of the conditions which exist in very many of the homes in cities, conditions which seem to make it imperative that the training of children five years of age and upward be institutional. It would appear that some provision should be made whereby children too young for the work and the confinement of the schoolroom could be under the supervision and control of the Department of Public Education during a portion of each day so that some form of instruction could be provided which would afford a foundation for the regular work of the schools.

(8) That the State Board of Education be requested to recommend that the school law be amended so that the age at which children may enter a free public kindergarten be made five instead of four years as at present.

(9) That the State Board of Education be requested to change the rules relative to apportionment of school money so that a legal school day shall consist of not less than four hours of actual school work, except that in kindergartens and in the lowest primary grade one continuous session of two and one-half hours shall be considered a legal school day.

(10) That the Committee on Course of Instruction revise the course of study so as to provide for the children in the lowest primary grade the minimum of mental training permitted by the rules of the State Board of Education, and the maximum of moral and physical training which their age and physical development may enable them safely to undertake.

(11) That so far as may be practicable the work of the first year in school be done in the open air, considerable time being devoted to out-of-door sports and games, to the training of senses, the limbs and the muscles.

(12) That some of the school yards and grounds be supplied with simple but necessary apparatus for exercise and for play, and that provision be made for the use by the children of the district of such equipment under adequate supervision and direction, not only during portions of the days the schools are in session, but during certain hours of each Saturday, and the usual vacation periods when the schools are closed.

(13) That the present committee be enlarged by adding one member of each county association to further take up this work and report at a later meeting of the Medical Society of New Jersey.

(14) That the medical profession as a whole should help to educate the public on this very important subject.

Respectfully submitted,

Joseph Funk,
Linn Emerson.

Dr. Norton L. Wilson, Elizabeth, made a motion that the report be accepted and its recommendations adopted. The motion was seconded and carried.

Dr. Luther M. Halsey, Williamstown, said that, as chairman of the Committee on Public Hygiene and Legislation, he had taken upon himself, knowing Senator Frelinghuysen's high regard for the medical profession, to invite him to attend the meeting. In answer to this invitation he had received the following letter of regret:

June 28th, 1910.

Dr. L. M. Halsey,
Hotel Chalfonte,
Atlantic City, N. J.

My Dear Doctor:

I beg to thank you very much for your invitation to meet my friends of the Medical Society of New Jersey at Atlantic City on June 28th and 29th. I regret exceedingly that legislative and business matters prevent my attendance at this time.

I recall with much pleasure the friendship that the Medical Society of New Jersey has always expressed for me personally, especially at the time I was ill in Chicago. I regret that I cannot be present to renew the friendship this year, but wish you every success in your efforts to maintain the high standards of medical science in New Jersey.

Yours very truly,

J. S. Frelinghuysen.

It was moved and seconded that this letter be received and made a part of the records. Carried.

Dr. Halsey then read the report of the

delegates to the American Medical Association. It was as follows:

The Medical Society of New Jersey was represented at the last meeting of the American Medical Association, held in St. Louis, by the following delegation to the House of Delegates: Dr. Alexander Marcy being absent and none of the alternates regularly elected at the last session of the Medical Society of New Jersey being present, the president of the society, Dr. Waddington, appointed Dr. William F. Ridgway, of Atlantic City, as alternate delegate by wire. His credentials were accepted by the committee of the House of Delegates and we were present at every session.

There were some changes made in the constitution and by-laws of the A. M. A. which will very materially expedite business. The secretary of the association, Dr. George H. Simmons, in his report asked to be relieved as general secretary of the association, but he was unanimously re-elected for another year. There was an amalgamation of several committees into one new committee to be known as the Committee on Public Health, Legislation and Education. A bill introduced into the United States Senate providing for the organization of a National Department of Public Health did not pass at this session of Congress. There have been some important defects found in the bill which will be remedied and the bill introduced at the next session of Congress, and it is the general impression that it will become a law. Should this be so, it is certainly a very marked step in the fight which the medical profession have been making for years—that the United States Government should have a department of health. Then we will take our place as a nation along with some of the European countries which are doing so much in the warfare on disease and the thorough development of preventive medicine.

The committee of women members of the A. M. A. appointed at the Atlantic City meeting in 1909, made a very voluminous and interesting report, showing that they had accomplished a great deal of good work. There was some question as to the legal standing of this committee, which was finally settled satisfactorily, and we are under the impression that the committee was continued with added powers. We commend the work of the committee to your careful consideration, feeling that if the suggestions made by them are taken up and carried out, the education of the public in matters of hygiene will be greatly added to.

C. R. P. Fisher,
L. M. Halsey,
Wm. F. Ridgway.

It was moved and seconded that the report be received. Carried.

REPORT OF THE COMMITTEE ON PUBLIC HYGIENE AND LEGISLATION.

To the Medical Society of New Jersey:

Your Committee on Legislation beg leave to make the following report for the past year, giving you a careful synopsis of the work that was planned and just what we have been able to accomplish.

At the last session of the Medical Society of New Jersey, held in June, 1909, at Cape May, a committee was named to act in conjunction with the Committee on Legislation to frame a medical practice act which would meet with the approval of the profession throughout the State and if possible to have this bill ready to be presented very early after the Legislature had commenced work. The committee had one meeting in Cape May and the old law was gone over very carefully and changes were made to suit the new conditions we had in view in placing an osteopathic examiner on the board. After several conferences we decided that we had the bill in very good shape. It was submitted to our attorney, who made some corrections, then we had it printed and it was distributed to the several component medical societies throughout the State, asking for their comments, and if they approved it, whether we could depend on their hearty support in trying to pass this measure.

Suggestions came from various sections of the State. Among them was that the proposed bill was too voluminous. That in some instances there was a repetition of matter, and advised us to be content with the old law and simply to make the necessary changes which would allow of an osteopathic examiner and the registration of osteopaths who had practiced within the State for a certain time. Some of these suggestions were acted upon by the committee and the bill modified.

When we were ready to introduce the measure, according to a recent ruling in the House of Assembly we were obliged to bracket all old matter cut out of the present law and underscore all new matter which we proposed to introduce. As the preliminary educational requirements were below the standard of the State of New York with which we had reciprocity the drafting of the clause covering the preliminary educational requirements was given to the State Board of Education. They submitted numerous drafts and finally one was offered which met the approval of the State Board of Education and your committee.

A member of the State Board of Medical Examiners had a conference with the Governor and he was informed that if the preliminary educational requirements were made too high, the bill would be vetoed on the ground that it would be impossible for any person to receive a medical license in this State unless he had unlimited finances at his control to obtain the necessary education, and that it would shut out many deserving young men.

At the suggestion of our attorney, owing to the ruling of the House of Assembly, the committee then decided to reprint the bill, making it an entirely new act and not an amendment as provided for in our original bill. This was done and copies sent to the county medical societies and individual members throughout the State. The letters received were almost unanimously in favor of the bill. We then had it introduced in the Assembly by Hon. William E. Ramsay, of Middlesex County. It was referred to the Committee on Public Health and reported by them to the House without a hearing. At this time the osteopaths became very active and a canvass of the House developed that it would be necessary to make some concessions to be very sure that the bill would pass.

A conference was held with Mr. Pierce, the spokesman of the osteopaths, and Dr. Ramsay the chairman of the Committee on Legislation at which time Mr. Pierce suggested some

mendments, with the understanding that if we decided to have said amendments inserted in the bill that it would meet with his unqualified support. The bill came to a vote in the Assembly and was passed 40 votes in the affirmative and 12 in the negative. An attempt was made on the following day to have the bill recommitted to the Committee on Public Health on the ground that the preliminary educational requirements were too high. Notwithstanding Mr. Pierce's promise to support the bill, he worked hard to have the bill recommitted, but he failed. It was then sent to the Senate, where, after considerable delay and the granting of a hearing to the osteopaths, notwithstanding the antagonism of Senator Brown, of Monmouth County, the bill was forced out of committtee and passed the Senate by a vote of 11 in the affirmative and 1 in the negative. The vote in the Senate gave your committee an excellent opportunity to get a line-up on several Senators who had given their promise to support the measure, but when the vote was taken, did not vote. Two dodged the issue altogether and were absent from the chamber.

After the bill had been placed in the Governor's hands, your committee waited upon him, Dr. Ramsay informing the Governor that we did not desire any hearing on the bill, and we were curtly informed by the Governor that he proposed to have a hearing on this bill and it didn't make any difference to him what the Legislature thought or what the medical profession thought, he would have the hearing. The history of that hearing is probably so well known to the profession throughout the State that it seems only necessary to make a passing comment upon it. There has been no question in our minds that the Governor has been antagonistic in every way to the medical profession during his term of office.

When your committee called upon him in reference to increasing the number of members of the State Board of Health, and placing of more medical men on the board, it first seemed to meet with his approval, and afterward we were very decidedly informed that it didn't make any difference to him what the medical profession thought, the State Board of Health should be run on a business basis as he wanted thoroughly competent business men, and that one physician would probably be all that was necessary. We were so utterly disgusted with his action that we did not make any further attempt to increase the members of this board. The idea of the committee was to make certain modifications in the bill which would adopt the suggestions of the special committee which was appointed by the Medical Society of New Jersey to draft a bill for the reorganization of the State Board of Health.

While your committee were satisfied that the present State Board of Health is doing a most excellent work and are very courteous and prompt in taking up all questions which are referred to them, yet we are convinced that the efficiency of said board could be largely increased if more medical men were added to it.

At the hearing on the Ramsay bill before the Governor his sympathy and partiality to the osteopaths was so clearly demonstrated that many physicians advised the cutting short of the hearing at once. We thought, however, that it would be best to stay and see the thing through. This cowardly and uncouth attack upon the chairman of the committee was so uncalled for and would not be tolerated in any community where a person had had only the slightest ideas of decency and politeness. The chairman of the committee, however, feels that this was simply a part that the Governor was playing and indirectly it was a slap to the medical profession throughout the State, and he trusts that it will only be the means of more thoroughly and consistently amalgamating the profession for what we know has been an honest endeavor to protect the people of this commonwealth against quacks and imposters. We have taken the ground that a high medical standard was absolutely necessary; that it made better physicians and that it would certainly be the means of reducing the mortality rate in our State.

We are quite sure that things are in such a condition in New Jersey that a good medical bill will pass at the next session of the Legislature beyond question, and if the proper man occupies the office as Governor, we will see placed upon our statute books a law which we all will be proud of. Your committee has always taken a stand that osteopathy was a fake; that their schools were far below the standard; that in principle it was radically wrong to allow them to come into New Jersey and give them the rights and privileges of physicians until such time as they brought their schools up to a standard comparable with our own and demonstrate beyond a doubt that they were in a position to thoroughly and scientifically treat diseased conditions. To substantiate, I will simply quote one or two paragraphs from the report of the Carnegie Foundation:

"The eight osteopathic schools fairly reek with commercialism; their catalogues are a mass of exaggerations of the curative power of osteopathy. At the parent school in Kirksville an applicant is supposed to pass a preliminary education in English branches, but he is admitted whether he passes or not. In Massachusetts they say an examination may be required if deemed advisable by the directors. At Kirksville the first year they teach anatomy by text books, part of the second year dissection. The supply of material is scant. One school had one cadaver early in the fall and hoped to have another in the latter part of the winter. At Los Angeles with a student body of 250 they have a small dissecting room with five tables. In Philadelphia the department of anatomy occupies an out-house. Occasionally in some of these schools a small chemical laboratory is found. At Kirksville one room is devoted to pathology and bacteriology and the course is six weeks. At Cambridge they teach pathology in the last year. A professor in the Kansas City school has said of his own institution that it practically had no laboratory at all. Nowhere is there the faintest effort to connect laboratory teaching with clinical osteopathy."

Granting that osteopathy is in its incipiency, it would seem that there would be an attempt to build it up. They are doing nothing of the kind. You will readily see that with these inadequate facilities why osteopaths have demanded a separate board of examiners. It is entirely because of their incompetency.

We must insist that all practitioners of the healing art comply with the rigidly enforced pre-

liminary standard; that every school possess the requisite facilities; that every licensed physician demonstrate a practical knowledge of the body and its afflictions.

There were some discrepancies in the Assembly bill 156 as it passed the House, which I deem wise to call your attention to, as it seems to me these should be remedied before the bill is introduced next year.

In Amendment No. 1. This makes the act not applicable to the practice of osteopathy prior to August 1, 1910, but would apply to the practice of medicine and surgery. It seems to me that this would raise a question of the constitutionality of the bill in general, as this very amendment would open the question of the validity of the bill upon the ground that it is applicable to one class of practitioners and not to others. In other words, that the law would be general to everybody else, but special to the osteopaths.

In regard to the fifth amendment, after careful consideration, I think you can justly take exception to the concluding words of the definition of osteopathy, which are, "other physiological measures." There can be such a broad construction put upon "physiological measures" that it, in my judgment, opens the way to do almost anything.

If the definition of osteopathy stops by inserting the word "and" before "exercise" and then stop, it would meet with our approval.

I think if the case should be tested in court, it would be very much better to place it squarely in the hands of the court to determine under the particular circumstances of every case whether it is applicable or not.

The part referred to is very broad, and would certainly allow a great latitude for determination, and in the mind of one judge might be confined to a certain limit, while in the mind of another judge, more or less in sympathy with osteopathy, would be given a very broad construction.

In regard to the sixth amendment, I feel that we should oppose this, for the reason that it would open the doors for the registration not only of osteopaths, but of any other practitioner of medicine. This you will readily see would allow any one who has a diploma, if this act should pass, to come before the State Board of Medical Examiners, and demand that he should be licensed and registered prior to August 1, 1910, because this section is made applicable to all doctors of medicine and doctors of osteopathy after the first of August, 1910, and would certainly seem to limit the very intent and purpose of the bill.

I have had this measure very carefully considered by an able attorney of this State who gives it as his opinion that if these measures are corrected, its entire constitutionality would in all probability stand the test.

The Midwifery bill vetoed by the Governor in the session of 1909 was successfully passed this year. The ophthalmia neonatorum bill was successfully passed. The bill to prevent the pollution of water supplies, and a more systematic inspection of the dairies, thus increasing the power of boards of health was also passed, as were the bills for the voluntary admission of insane people into hospitals and the transferring of patients from State hospitals to other States in which they have a legal residence.

We attempted to pass a bill placing all county insane hospitals on a different basis, with a medical superintendent as head of the institution, which we were positive would take these county institutions out of the realm of politics. Following Dr. Chandler's suggestion in his admirable paper, proposing the sterilization of defectives, a bill was introduced but did not reach a vote in the House. This, in our judgment, is a very important topic and should be taken up by the several medical societies and a campaign of education entered into which would teach the people the importance of the enactment of such a law.

At the present time at the New Jersey Epileptic Village, they are compiling very interesting charts that seem to thoroughly establish the fact that these poor unfortunates are the result in a large measure of factors well known to you all and which sooner or later must be met by the medical men of this State. Insanity which is being so carefully considered and in which such rapid strides are being made, gives so many positive proofs of degenerate conditions that radical measures should be taken to control those things which we know are positive factors in the development of this dread condition.

The optometry bill we defeated, largely through the careful and systematic work of Dr. Ramsay, but there is a growing feeling among the members of the Legislature and people throughout the State that this important question should be taken up by the physicians and some measure introduced which will have the hearty approval of the medical profession and which will control the evils of optometry.

At the last conference of the Committee on Legislation of the American Medical Association, the concensus of opinion was that this condition should be met by the medical profession and a bill should be prepared and introduced into the legislatures of the respective States along the line suggested by Dr. George Gay, of Boston, in his report that this whole matter should be under the control of the State Board of Medical Examiners and that they should set the standard for examinations of persons applying for licenses as optometrists.

There has been so much agitation in the country in regard to the stand of the medical profession on the question of professional nursing that the Committee on Legislation of the American Medical Association advises that this matter be entirely under the control of the State Board of Medical Examiners. They advise that there should be adopted by every State Medical Society a campaign of education on the tuberculosis problem, particularly as to the tubercular patient, to insure his co-operation and not his opposition. The members of the Legislature must be educated so that it will be possible to secure proper appropriations. They advise wherever possible of having simply one medical examining board in each State.

There is undoubtedly a growing feeling with the medical profession all over the country that a model, uniform medical practice act should be adopted by all States. A great deal of time and thought has been given and carefully compiled statistics gathered which would seem to put the country in shape in the very near future to have a model practice act which

would meet conditions practically everywhere in the United States.

During the legislative conference in Chicago, the almost unanimous opinion of the delegates present was by the enacting of such a medical practice act, it would necessarily bring about reciprocity between all the States and a man after having passed the board in one State could practice where he saw fit.

The special committee appointed in 1909 to take up the question of medical expert testimony, of which the chairman of this Legislative Committee was made chairman, reported a plan which, in their judgment, would largely meet this perplexing question which has been agitating the medical profession for some time. This committee was continued to gather further data and make a report next year and we would be very glad to have some suggestions from any person who has given this subject very careful study.

Our society was represented at the House of Delegates in the last meeting of the American Medical Association by a full delegation. Dr. Marcy, one of the delegates, being absent, the president of our society appointed Dr. William F. Ridgway, of Atlantic City, as delegate. His credentials were accepted by the House of Delegates and we were present at every session. There were some changes made in the by-laws of the association. Dr. George H. Simmons, in his report, asked to be relieved as general secretary of the association, but he was unanimously re-elected for another year. There was an amalgamation into one new committee of several committees, which is known as the Committee on Public Health, Legislation and Publicity.

A bill introduced into the United States Senate, providing for an organization of a National Department of Public Health, did not pass at this session of Congress. Some defects were found in the bill which should be remedied. Numerous hearings have been given before the Senate committee, and while there has been a very marked opposition developed against it on the cry, "it is a medical trust," yet the concensus of opinion seems to be that if these changes are made in the bill that it will undoubtedly pass at the next session of Congress. This is a very marked step in the fight which we have been making for several years that the United States Government should have a Department of Public Health and that the time has certainly arrived in which we as a nation should take our stand with foreign countries in this warfare on disease, and the thorough development of preventive medicine. Resolutions should be passed approving of Senator Owens' work by this society.

The National Committee on Legislation reported at its annual conference that enough money had been secured to pay off the mortgage on the property of the late Dr. James Carroll, another instance of the generosity of the medical men of this country in taking care of its medical heroes. We are very glad to state that a bill has been passed in Congress making an appropriation for a statue to be placed in one of the public squares in Washington commemorating the heroic deeds of those physicians who died directly or indirectly as results of their investigations in yellow fever. These men offer a noble example of the dangers which are surrounding medical men who risk their lives continually in the path of duty. Men who give the best years of their lives in this labor, often one of love, and who continually jeopardize their lives, and who forget the comforts of settled existence, to the end that their fellow citizens may dwell in security from foreign disease foes, are certainly entitled to the very best we can give them in a way of protection, pay, promotion and justly honoring their memories.

They are working not only for the bodily, but econmic, welfare of this country and we should use our best endeavor to insist that not only the State but the National Government should provide an adequate number of thoroughly trained men in the art of fighting disease so that in the very near future we will be fully equipped to stamp any epidemic before it has reached proportions and interfered with commerce and disturbing the tranquility of any community.

If the bill should become a law in the establishment of a department of health and this accomplishes what we hope for, disease will be stamped out in its inception; we will have a trained force of sanitary workers who would be a permanent part of the nation's defence against any epidemic disease outbreak which could be stamped out in half the time required under the present methods.

At the last session of the Medical Society of New Jersey Dr. Frank D. Gray, of Jersey City, tendered his resignation owing to ill health. We missed Dr. Gray's counsel and advice during the past year, and we are very glad to know that he has entirely recovered. During the past year another valued member of our committee was unable to be with us to any extent, Dr. Henry H. Davis. Dr. Davis has always been an exceedingly hard worker for the interests of the medical profession in New Jersey and he was badly missed. He is gradually regaining his health and we hope to have his assistance and advice during the coming winter. Dr. Horace G. Norton, of Trenton, secretary of the Board of Medical Examiners, was a hard worker during the entire session and he gave his time and many valuable suggestions to the committee, for which we feel that he should have due recognition.

We would suggest that the Medical Society of New Jersey employ a regular attorney. The attorney for the Committee on Legislation and the special attorney's fees bring this expense up to $200. We are satisfied that an able attorney could be obtained who would be the legal adviser for the whole society and thus would be quite a saving.

We have repeatedly called your attention to the fact of the necessity of having medical men in the Legislature. An example of the wisdom of this suggestion has been apparent to us all during the last winter. Dr. W. E. Ramsay, of Perth Amboy, a member of the House, was always alive to our interests and was a very faithful watchman to see that no bad legislation was enacted which would jeopardize the hygienic and sanitary interests of this State. He was always alert to detect any measure which had a tendency to lower professional standing in New Jersey and a man who won the respect of his colleagues irrespective of party, for his ideals and standards. The Medical Society of New Jersey would be exceedingly

lax in their duty if they did not take some action looking to a proper recognition of Dr. Ramsay and his work; a man who sacrificed a certain amount of his practice and whose sole aim in going to the Legislature was that he might do something for the medical men of New Jersey and to convince the legislators in this State that our sole aim was for the betterment of conditions and the prevention of disease. As to how well Dr. Ramsay succeeded you all know almost as well as myself, and I trust that you will deem it fitting and proper to mete out to him a just reward for his devotion to high and noble purposes.

The chairman of the committee is thoroughly impressed with the idea that the cowardly attack which was made upon us at the hearing of the Ramsay bill, has more thoroughly unified the medical profession than all our exertions during the past nine years. If this feeling is kept up and we are determined to work conscientiously and actively during the coming year, I am satisfied that our serious legislative troubles will be over for a number of years to come. Let each county medical society have its committee on legislation interview its candidates before election; let us know definitely as to our standing; have this whole matter thoroughly and carefully explained to them, what the medical profession in this State stands for. If we developed half the vim of the osteopaths in manipulating the public press in this State, and if a true and honorable statement of our position was given as much publicity as the cause of the osteopaths, I am sure that our way would be much easier.

We must develop a plan of education and publicity; we must take the people into our confidence; we must show them what we desire to accomplish; they must be educated along the lines of sanitation, and in the cause of this warfare upon the great "white plague," we never will be able to accomplish satisfactory results until we have the combined efforts of medical men, employers, ministers, philanthropists, the press, and, last but not least, of the women who, in many sections, are doing such a grand and glorious work, and are setting examples to the men which it would be very laudable to follow.

I do not wish to appear in your eyes as overcritical, but I do think there is a higher and nobler stand for medical men to take than simply the accumulation of money. Should we all determine that during the coming year we will do something for the betterment of conditions in our locality; to relieve suffering; to better the conditions of the poor; to see that they are better housed; to see to a more careful and systematic inspection of sanitary conditions; to a determination to educate the laity on the many vital questions on which they should be informed, and which I have found that in many instances they are anxious to know and eager to grasp. Questions which are for their betterment and which will be a large factor in the development of the whole campaign on preventive medicines.

We can all feel that our lives have not been in vain; that we have tried at least to better conditions; that we have stood for higher and nobler purposes. We must teach the people how to live sanely, rightly, naturally and moderately, and if they do they will have health and happiness as a sure and quick result. Whereas, if they violate the laws of nature there will be sickness, pain, misery and defeat.

The medical men are in a position and it is their duty to be the educators of the people in these vital questions.

The chairman of the committee wishes to personally thank all those who so kindly assisted him during the past winter at Trenton. And he thinks it only fitting that the interest taken and work done in legislative matters by Dr. Edward J. Ill, be given due recognition by the society. If it had not been for the untiring work of Dr. Ill in connection with Dr. Charles J. Kipp, we would not have been able to accomplish nearly so much with the Essex County delegation.

A personal word in conclusion. I desire to take this opportunity to state to the members of the State Society how sincerely I appreciate the many letters that I received from all parts of the State expressing confidence in my integrity and speaking words of praise for the work accomplished by the Committee on Legislation. With such heart-felt expressions, it certainly spurs me on with the determination to try and do more in the future than I have in the past for the promotion of the interests of the medical men of this State and for the betterment of the conditions which our noble profession has so long and honorably stood for.

I feel, however, that I have the right to ask that each member of the State Society will today pledge themselves to devote a small portion of his time during the coming year to the betterment of these conditions to which I have referred, with the determination to still keep medicine upon a high and noble plane; to teach the people that all applicants for licenses to practice in this State shall be thoroughly educated men. We will then be in a position to demand of other States reciprocity on the ground that any physician receiving a license from our State Board is as thoroughly capable and is as well grounded in the fundamental principles of education as any man in the Union. Are we asking too much that we should have your united support? And if such is given, the standard of the oldest medical society in the United States will wave more proudly and grandly than ever.

A report of the committee would not be complete if mention were not made of the loyal services of Hon. Joseph S. Frelinghuysen and Hon. Harry P. Ward, the president of the Senate and the speaker of the House. Senator Frelinghuysen during his entire term in the Legislature has been a warm supporter of the medical profession. In all matters of a medical or sanitary nature he always desired the opinion of our committee if the bills in question were a proper measure and if they met with our approval. He is a firm believer in higher medical education and contends that the physicians and the public have a right to demand that all applicants for license to practice medicine in this State shall show that they are thoroughly competent.

Hon. Harry P. Ward was entirely in sympathy with us and frequently stated that the medical profession were the proper persons to regulate conditions affecting the practice of medicine and he would oppose with all his power any measure tending to lower the standard. Men of this type with their broad minds and high ideals should receive our hearty commendation.

I believe the time has arrived when we as a society should take a firm stand on sanitary and moral prophylaxis. The hope of the future lies in the spirit of truth that has been awakened, and world are banding together to make practical organized efforts to eradicate if possible, and certainly to lessen, the social scourge of the world. In all lands efforts are being made to stay the ravages of the great white plague; shall the great black plague be left to take the sight from thousands of your children; to make invalids of many of our purest women, to fill our homes and insane hospitals with hopeless degenerates and epileptics? Is it not time we recognized the cause of all the misery and meet it honestly? A few can do nothing; public opinion must be aroused until resentment against these preventable diseases is as keen as it is now against all other preventable diseases.

The first step in the right direction is teaching the children the truth regarding the origin of life. The next is to teach boys as well as girls a true self-respect, a profound respect for others, and a sense of individual responsibility, giving them at the proper time a knowledge of the diseases of which they may become the victims, exactly as you would warn them against leprosy, smallpox or tuberculosis.

Usually such knowledge is acquired by the most bitter experience and it is surely a mistaken kindness which keeps a boy ignorant of diseases to which 60 per cent. of our men become victims, and from which thousands of women yearly become mutilated invalids. Only criminal indifference will permit a thoughtful person to say this is no concern of theirs. It is the concern of every respectable man and woman to do all in his or her power to stamp out this condition. Men have deliberately committed sins, the fruits of which were infinitely worse than those punished by the courts of law, and all this has been passed over on account of a false sense of morality and frequently a double standard of morals. Women have a right to a full knowledge of these subjects. It is not only their right but their duty to demand and acquire this knowledge which may enable them to protect their children. This will place a complete knowledge of conditions which later menaces them with loss of life or serious mutilation of their bodies, for sex has qualified morality, but it does not qualify the laws of contagious diseases, and it is just because it has qualified morality that we have such widespread disease.

To meet these conditions no plan will prove adequate which does not embrace manly measures, but the best results will come through education. The gist of the whole matter is concisely stated by the Bishop of London. He says: "I am convinced that the uplifting of the moralities of our people lies, above all and everything else, in educating the children rationally and morally. I believe that more evil has been done by the squeamishness of parents, who are afraid to instruct their children in the vital facts of life, than by all other agencies put together. I am determined to overcome this obstacle to our national morality. I have not the slightest hesitation in saying that the right way has been found at last. Thousands of men have asked me why they were not taught the danger of vice in their youth, and I have no reply to make to them. I intend now with God's help to remove this reproach from our land." Helen Keller says: "When we rightly consider our bodies and our responsibilities toward the unborn generations, the institutions for defectives which are now our pride will become terrible monuments to our ignorance and the needless misery which we once endured."

In all other infectious diseases no human being has a right to give his disease to another, but a man may infect his wife with syphilis, which ruins her health and kills or maims his children just as certainly as if he instilled poison in their food or drink, or with gonorrhea, which may blind his child and render it a helpless invalid, and escape all serious condemnation. Such is the irony of fate that he may receive sympathy for having married a woman of such delicate health. Society itself is not awakened to its obligation, is responsible, and we as physicians should be active pioneers in this propaganda.

Dr. Charles J. Kipp made a motion that the report be received; that the hearty thanks of the society be extended to the committee and also to Dr. Ramsay; and that the recommendations of the committee regarding moral prophylaxis be adopted. The motion was seconded.

Dr. James Hunter, of Westville, offered an amendment to Dr. Kipp's motion, that the Committee on Public Hygiene and Legislation be commended for their work, and empowered to use their best judgment regarding any further steps for future legislation.

Dr. Kipp said that he would not accept this amendment.

Dr. Hunter's amendment was seconded.

Dr. Wells P. Eagleton, Newark, said that he had had to go to Trenton about two years ago, and had become familiar with the work of the Legislative Committee of the State Society. He had come to the conclusion that the members did not half appreciate the tremendous obligation that they were under to Dr. Halsey for what he had done and was attempting to do. Only about a dozen men directly concerned in the management of the society knew what sacrifices Dr. Halsey had made to do his work, and what influence he had exerted, putting them in a better light than they had been or would ever be again if they stopped the committee's work. Dr. Eagleton thought that if these recommendations of the committee were to be acted upon, it should be done by the physicians, and not by the laity first, as had been the case in the work on tuberculosis. Merely to pass a resolution commending Dr. Halsey, and do nothing more, he considered in-

sufficient; and he thought that to stop the work of the committee would be an error.

Dr. Britton D. Evans, of Morris Plains, said that he could speak on the subject with some knowledge, as he had been to Trenton a number of times during the session of the Legislature, in response to calls made by Dr. Halsey. Dr. Evans had been with Dr. Halsey in his work in the committee rooms, and had met with him at the various hearings; and he wished to second heartily the sentiments expressed by Dr. Eagleton, in view of the fact that few members of the society and but a limited number of its officers understood the amount of work, the extent of the sacrifice, and the great good accomplished by the chairman of the Committee on Legislation. Not that they did not recognize his work and were not in full sympathy with it, but for the reason that the simple recognition by a vote of thanks was not what would produce results in legislation. Dr. Evans knew the embarrassment to which Dr. Halsey had been subjected, and some of the trials and ordeals that had confronted him; although not, of course, all. Those that he did know of, however, had convinced him that very few men in the society would sacrifice their practice and their comfort of mind and body as Dr. Halsey had done. Dr. Evans did not think it possible to map out a line of action to promote the welfare of the medical profession and prevent vicious legislation against public welfare and health in a meeting of this sort. For that reason, he thought that any resolution which would in the slightest degree restrict the chairman of the Committee on Hygiene and Legislation, whoever he might be, especially one who had shown himself worthy of every confidence, would not be a wise move on the part of the organization. No one could tell the emergencies that might arise and when they would arise, and unless they reposed perfect confidence in Dr. Halsey, they would tie his hands so that he could not give the efficient service that the medical profession were entitled to and that most of the members were unwilling or unprepared to attend to personally.

Dr. Evans said that his stand in the matter could not be thought to be tainted by personal feeling. He simply took it in behalf of the profession and in the interest of public welfare, and he considered the amendment to Dr. Kipp's resolution highly in order. What little he had himself done had been done with no expense to the organization, and merely in the interest of the public and of his profession; and in doing it, he had had an opportunity to see the trouble, embarrassment and ordeals that had confronted Dr. Halsey, and the character of the work done by him.

Dr. Clement Morris, of Newark, wished to add a few words to the expressions of good will made by the two previous speakers on this amendment. During the period covering the work done by the Legislative Committee at Trenton, several calls had been sent out by the committee throughout the State for representative members of the medical profession to come to Trenton and, by their mere presence, help in the fight, and it was astonishing to Dr. Morris that in a State containing between four and five thousand physicians not more than forty or fifty men responded to the third call. At the first, there were only nine or ten. Dr. Morris considered this almost a disgrace. He thought it all very well to give the committee power to sacrifice their time in the interests of the profession; but when no needed support was given them at a critical moment, it would have been no wonder if the bill had been defeated purely for lack of interest on the part of the medical men. At the last hearing, the criticism was made that only the physicians from Hudson County were there, the remainder of the State not being represented. Dr. Morris hoped that if in future this measure should come up for discussion and a similar call should be made, proper support would be given by the physicians throughout the State to the Legislative Committee.

Dr. Kipp stated that the Board of Trustees had considered the matter at their meeting that morning, and asked Dr. English to read the report of the action taken at that meeting of the trustees.

Dr. English read from the minutes as follows:

"It was unanimously voted that we recommend that a conference be held in the fall, the date to be subject to the call of the president of this society, between the Committee on Legislation and the State Board of Medical Examiners, and also the president of our society, the editor of the Journal and the recording secretary, to consider the propriety of introducing in the Legislature next winter a new Medical Practice bill, and, if they deem it advisable, that they be authorized to prepare such a bill and endeavor to secure its passage by the Legislature."

Dr. D. C. English then said that un-

less the society went slowly and carefully in this matter, the medical profession might be divided in twain. In view of this fact, the trustees had considered it wise to have a conference of the Legislative Committee, with the State Board of Medical Examiners, who pass upon all applicants for the practice of medicine, and who admit that many defects of last year's bill should be corrected. The trustees felt that they had reached a point where we needed to go forward with the greatest care.

Dr. Walter B. Johnson, of Paterson, asked to have the author of this amendment explain the object of it.

Dr. James Hunter said that there was nothing in the amendment that conflicted with the resolution of the Board of Trustees. It is simply a recognition of the efficient work of Dr. Halsey and the other members of the Legislative Committee, and also gave them discretionary power as to their future movements. He did not think this could conflict with any action on the part of the Board of Trustees of the society or of the Board of Medical Examiners of the State. Dr. Hunter stated that there was no one more competent to lead the Legislative Committee than Dr. Halsey, and the amendment merely read that the Legislative Committee be commended for their work and empowered to use their best judgment as to any steps necessary regarding future legislation.

Dr. Johnson said that he had asked to have this explanation in order to enter the discussion. So far as the commendatory part of the action went, he thought that no one would raise any question as to the commendations that should be showered upon Dr. Halsey. A resolution to this effect had already been passed, and copies ordered to be sent to the Governor and to the newspapers throughout the State. Dr. Johnson, however, wished to call attention to the latter part of the resolution, proposing to give the committee a free hand in the matter of what they should do, and stated that it was not possible to give this committee a free hand and still comply with the provision of the constitution that sets forth certain methods that must be carried out in order that the work of any committee shall be performed. To pass in open meeting a resolution that would permit any committee to do anything it pleased, which was practically what the resolution was intended to accomplish, would certainly not be a proper action to take. Dr. Johnson said this, not through any objection to Dr. Halsey or the glory that might reflect upon him, because the speaker agreed with the statement that no person in the medical profession of New Jersey was better able to represent the society in legislation than Dr. Halsey.

Dr. William E. Ramsay, Perth Amboy, said that owing to the fact that his name had been coupled with that of Dr. Halsey in the resolution, he had at first hesitated to enter the discussion, but that there were certain facts connected with the work of the Legislative Committee that he thought warranted him in participating in the discussion at this time. The committee had kindly given Dr. Ramsay more recognition than he felt himself entitled to. During the winter that he had been associated with the work at Trenton, there never was a time that the assistance of the Legislative Committee, of which Dr. Halsey was chairman, had not been at Dr. Ramsay's command. Dr. Halsey was there every week, and at any time that there was a bill of any importance before the Legislature in which his services could be used. The same could be said of Dr. Norton and, to a lesser degree, of the other members of the committee. The work done by the committee was very valuable, and, without their assistance, Dr. Ramsay could not have accomplished what he had. The profession as a whole was engaged in carrying out the line of work advised by the Board of Trustees; that is, going slowly. They were going so slowly, indeed, that it reminded Dr. Ramsay of a funeral, and he thought that if they kept on, the interment would be near. The work of the State Medical Society did not require anything slow, but activity. Dr. Ramsay believed that there were some changes in the bill that should be discussed, but would not refer to them at this time, because the discussion was then on the subject of the resolution introduced by Dr. Hunter. He believed, from the fact that the Medical Society as a whole was inactive, and had been so for years, in regard to anything in its own interest, and had left the matter to the Legislative Committee, it was up to that committee to handle it again as they had so well done in the past.

Dr. Thomas N. Gray, of East Orange, said that all the members were intelligent men and appreciated the work done by the Legislative Committee. Dr. English had made the statement that if full power were given to the committee, it would lead to the division of the medical profession in twain.

Dr. English said that he had not said that, but that there were conditions that required the society to go slowly if we would avoid serious division in the profession on this subject.

Dr. Gray corrected his statement and said he would like to know what were the conditions existing that, unless they went slowly, would divide the profession in twain. Dr. Johnson had told them that they could not give full power to the committee, under the constitution. Dr. Gray thought that the members of the society were entitled to know what were the conditions that threatened to split the profession in twain.

Dr. Halsey said that at the last session of the society the House of Delegates had passed a resolution that commended the work of the Committee on Legislation and appointed a special committee to act with it in framing a measure to be introduced to the Legislature as the representative measure endorsed by the society. He was sure that this resolution of Dr. Hunter's had nothing in it to conflict with the action of the Board of Trustees; as the Legislative Committee, in view of the fact that the Board of Trustees had taken action providing for a conference of the committee with the State Board of Medical Examiners and two or three members of the Board of Trustees, as a special committee, would not think of doing anything until some action had been taken by that committee and referred back to the Board of Trustees for their endorsement. The Committee on Legislation had a little common sense. As Dr. Halsey had understood Dr. Hunter's resolution, it was that the Committee on Legislation be entrusted with power to take such steps at this conference as they might think necessary for future legislation. Dr. Halsey did not see why this should split the profession. The Legislative Committee had never taken any steps until they had taken the profession into their confidence and told them what was going to be done. Circulars had been sent broadcast, showing the plan of legislation proposed by the committee.

Dr. Kipp asked why, then, should there be any objection to his motion, which was to extend hearty thanks to Dr. Halsey and the rest of the committee for their work, and that the recommendations regarding the formation of a conference on the Medical Practice bill be carried out.

Dr. English did not think that there was any difference of opinion at all regarding Dr. Halsey's work, which no one appreciated better than himself; but it seemed to him that the amendment offered by Dr. Hunter conflicted with the action of the Board of Trustees, which he considered exceedingly wise. The preceding year, the society had appointed some of the older men in the society to be in conference with the members of the committee. The result was this medical bill, which had passed the Legislature, though it had not been approved by the Governor. In taking the action referred to, the Board of Trustees had done merely what the entire society did in 1909 in suggesting that there be a conference with this board. Dr. English had no objection to the amendment if, as Dr. Halsey had said, it did not conflict with the action of the trustees, as it had seemed at first sight to do.

Dr. Hunter said that no one realized the importance of this question more than he did; but that, as the question had been asked by Dr. Gray, he thought that Dr. English should reply to it. The society was entitled to know just what Dr. English had meant when he said that conditions were present that might split the society in two.

Dr. English stated that scores of medical men in New Jersey were divided in opinion concerning the question as to whether that medical bill did not go too far in recognizing the osteopaths. A large number did not believe that the society should take any step that would recognize the osteopaths, and many have either expressed their indifference concerning our bill to their representatives in the Legislature or have advised them to vote against the bill. Moreover, some amendments to the bill were adopted by the Legislative Committee on the promise of the osteopathic leaders that they would make no objection to the bill if this were done. In spite of this, the osteopaths and their legal advisers opposed the bill. Dr. English had no clear convictions in his mind as to the exact measures that should be adopted in a new medical practice bill, but thought that one should be framed that would as nearly as possible please the entire profession of New Jersey. This was what he had meant in saying that the society should go slowly in order to secure wise action that would unite rather than divide the profession. He agreed with Dr. Ramsay that the society as a whole was inactive in this matter, but we should recognize the fact that there is honest difference of opinion as to the wisdom of recognizing the osteopaths at all in adopting a new med-

ical practice bill. That is largely the cause of the inactivity.

Dr. Gray said that this was what he had wanted to know. It being the fact that certain members object to the osteopaths, being recognized, he inquired whether it was not reasonable to suppose that all the members of the Legislative Committee were aware of it, and whether the members had not enough confidence in the honesty and judgment of the committee to leave the matter to them. He made a motion that the discussion be closed and that the question on the amendment be called for.

The question was voted on, with the result that the amendment of Dr. Hunter was adopted without opposition.

Dr. Walter B. Johnson wanted to know whether the adoption of this resolution carried with it the expenditure of money by the Legislative Committee.

Dr. Henry Chavanne, of Salem, said he would like to know how a committee could do any work without the expenditure of money.

Dr. William J. Chandler said that the constitution provides that no money shall be expended by the society without the approval of the Board of Trustees.

Dr. Chavanne said that he had obtained the answer that he had called for, that a proper expenditure under the approval of the Board of Trustees was legitimate.

Dr. Theodore W. Corwin, of Newark, said that he hoped that the work would cost the society something, and that the money would be willingly given to secure this legislation.

Dr. Kipp's motion as amended by Dr. Hunter was then voted on and carried.

Dr. Chandler read a supplementary report from the council accepting the excuses of Drs. George A. Van Wagenen and Charles F. Underwood, of Newark, and James M. Reese, of Phillipsburg, for absence. The following delegates had been absent for two consecutive years (prior to this year), had sent no excuses and their names, after being now read, would be dropped from the roll: Robert G. Stanwood, Belleville; Samuel A. Helfer, Hoboken; Franklin C. Price, Imlaystown; John L. Leal, Paterson; Elihu B. Silvers, Rahway.

Dr. Frank W. Pinneo, of Newark, wished to commend the Publication Committee and the editor of the Journal for their excellent results. The value of the Journal, he said, lay in the scientific contents covered by the papers, and also in the transactions of the society. The treasurer's report had shown a balance of over four thousand dollars, and Dr. Pinneo thought that even if a little greater expense were involved the dues of two dollars would still not be exceeded if what he had to propose were carried out. As reporter of Essex County Medical Society, his chief duty had been to obtain scientific papers, and he had felt the justice of the criticism that had been made by the writers of these that they got better value in the matter of cuts, reprints, etc., from other periodicals. He thought that the society could well afford the cost of cuts for the few papers that called for them, and could possibly supply more reprints, or get the printer to do so, at a less cost. He had learned from the reporters of other county societies that many of the members of these had expressed the same sentiment. He, therefore, wished to offer the following resolution:

Resolved, That, first, our Publication Committee and the editor have our hearty approval for their efforts to make our Journal second to none in the country in scientific content, in usefulness as recording the transactions of the society, and, while soliciting advertisements, still admitting only the ethical and strictly supporting the propaganda of the American Medical Association for reform in drugs; second, that to this purpose they be hereby requested to do more for the authors of papers, offering to supply any necessary illustrations within such reasonable limits as the editor in each case may find desirable to set, increasing the number of reprints offered free, and securing all possible advantages in low price of reprints from the printer.

Dr. Pinneo added that he had that day secured more than a page of advertisement, thus showing that it is not difficult to help in this way. The resolution was seconded.

Dr. Chandler said that if every writer who sent a paper sent a page of advertisements, it would more than pay for his cuts and reprints. If, however, the Publication Committee furnished all of the cuts and reprints, it would cost the society twelve hundred dollars a year additional. They did not feel warranted in increasing the expenses so much as that, but they approved of the suggestions in Dr. Pinneo's resolution, and were now aiding the authors in the supplying of cuts and reprints, and expected to still further increase that aid. At present, they give one hundred reprints more than are ordered, or twenty

copies of the Journal if the authors do not want reprints. A State society journal differs from an independent journal, which derives most of its revenue from promiscuous advertisements, and since it has to pay for its papers in some way, it does so by giving reprints and cuts.

Dr. English said that the Publication Committee and himself were in full sympathy with the desire to favor the members in every way possible with cuts and reprints. While the so-called independent journals appear a little more liberal in this respect, they can afford to be so, because they print a number of what Dr. English believed to be unethical advertisements, but the members of the New Jersey Medical Society wish to keep their Journal clean and pure, and have in it no advertisements but those approved by the Council of Pharmacy of the American Medical Association. Dr. English thought that the matter might safely be left with the Publication Committee, who would do everything possible to make the most liberal terms with those who favored the Journal with their papers.

Dr. Linn Emerson, Orange, said that the printers who publish the Journal of the State Society had been charging too much for reprints; in fact, fifty to sixty per cent. more than some other journals. He had proved this the preceding year by sending Dr. Chandler the bills from various journals. Since that time, the cost had been modified in some measure; but as the prices were about three years ago, an author could have reprints printed by an individual printer for less than the price charged by the Journal.

Dr. Walter B. Johnson made a motion that the price of reprints be published in the Journal, and that it be made to correspond with that charged by other journals. The motion was seconded.

Dr. Chandler stated that he had had a great many interviews on the subject with the printer of the Journal. The Journal gives the writers the reprints at just what the printer charges the Journal for them. The list of prices was for some time published in the Journal, and could be again. These prices are also printed on little slips, and sent to every writer of a paper. Dr. Chandler had given the data furnished by Dr. Emerson to the printer, who had measured the articles and reported that the cost of the reprints was not materially less than the price asked by the Journal. Dr. Chandler said that he would be glad to have Dr. Emerson interview the printer and see whether he could get the latter to reduce his rates. The printer now states that he cannot charge less unless the reprint of the paper is produced in the double-column form used by the Journal. The single column costs more.

Dr. Johnson said that this did not answer the question that arose as the result of his motion, that the price of reprints should be printed in the Journal, and should conform to that asked by other State journals.

Dr. Chandler said that he could not dictate to the printer what he must charge. He had submitted for comparison the prices of some Western journals. These appear lower, and are so for some of the reprints; but for others, they are a little higher.

Dr. Emerson insisted that in the cases he had mentioned, the prices asked by the printers of the Journal did not indicate that they understood the subject. They charged sixteen dollars for one thousand reprints, yet for an additional thousand they wanted fourteen dollars, making thirty dollars for the two thousand. Dr. Emerson said that most printers will print the second thousand for sixty per cent. of the first. The figures submitted by the Orange Chronicle Company indicated that they charged more for the third five hundred than for the second.

Dr. Chandler stated that Dr. Emerson had probably made his application for the additional thousand after the type had been melted up; so that the printers would have had to set it up again in order to furnish the extra number.

Dr. Johnson said that any printing office would print the second thousand for about fifty per cent. of the first.

Dr. Chandler replied that this was the reason why he questioned whether there was not some mistake in Dr. Emerson's data.

Dr. Emerson said that the mistake was the printer's.

Dr. Pinneo's resolution was then put to a vote and adopted.

Mr. Johnson's motion was next voted on and carried.

Dr. William H. Iszard, chairman of the Judicial Council, said that, believing that the profession should know what the Judicial Council had been doing, he had had a typewritten report of its proceedings for the year 1910 made, and would ask that it be made a part of the record. He did not read it, but it was ordered printed in the transactions.

Adjourned at 4:30 P. M. The society then assembled in general session.

SECOND DAY.

Wednesday, June 29, 1910.

Afternoon Session, 3:45 o'clock.

GENERAL SESSION.

The meeting was called to order at 4:30 P. M., by the president.

Address by the third vice-president, Norton L. Wilson, M. D., Elizabeth.

The Relation of the Public to and the Obligation of the Physician in the Development and Spread of Communicable Disease, Philip Marvel, M. D., Atlantic City.

Discussed by Drs. Alexander Marcy, Jr., Riverton; W. Blair Stewart, Atlantic City; Theodore F. Livengood, Elizabeth, and Henry Chavanne, Salem.

Address by Dr. William H. Welch, Baltimore, president of the American Medical Association.

(This address will appear in a subsequent issue of the Journal.

Milk, Alexander McAlister, M. D., Camden.

Discussed by Drs. Joel N. Fithian, Camden; Henry H. Sherk, Camden; D. J. Milton Miller, Atlantic City; Henry Chavanne, Salem; Arthur Stern, Elizabeth, and Edward B. Rogers, Collingswood.

Adenoids, Their Influence upon the Mental Condition of the Patient, Joseph Koppel, M. D., Jersey City.

Discussed by Drs. Wells P. Eagleton, Newark, and Norton L. Wilson, Elizabeth.

Adjourned at 6:30 P. M.

THIRD DAY.

Thursday, June 30, 1910.

Morning Session, 9 o'clock.

GENERAL SESSION.

The meeting was called to order at 10 A. M. by the president.

Medical Expert Witness; the Alienist or an Expert Witness, William H. Hicks, M. D., Newark.

Discussed by Drs. Edward J. Ill, Newark; Edward E. Worl, Newark; E. Moore Fisher, Greystone Park, and Walter B. Johnson, Paterson.

Relation of Water to Malarial Fever: Cistern Versus Well or Spring Water, John Walters, M. D., Wharton.

Discussed by Drs. Frank J. Keller, Paterson; Edward B. Rogers, Collingswood; Linn Emerson, Orange.

The Nasal Accessory Sinuses and the Eye, G. Harold Ward, M. D., New York City.

Discussed by Drs. Walter B. Johnson, Paterson, and Linn Emerson, Orange.

The following paper, its author being absent, was read by title:

Military Hygiene and Sanitation for Troops when in the Field, Major Henry Allers, M. D., Harrison.

Adjourned at 11:30 A. M.

Thursday, June 30, 1910.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 11:30 A. M. by the first vice-president.

Dr. D. C. English read the report of the last meetings of the Board of Trustees. It was as follows:

The Board of Trustees respectfully submits the following concluding report of their proceedings during the sessions of this annual meeting. At meetings of the board held subsequent to those reported yesterday, the following actions were taken:

Drs. Johnson and Fisher, as the auditing committee, were requested to receive the treasurer's bond for the coming year and also to examine the bonds belonging to the society, which are in his possession.

Dr. McGill, chairman of the committee appointed to ascertain from Dr. Halsey the amount of the bill of expenses incurred by the Committee on Legislation during the past two years, reported that Dr. Halsey was not able at present to give the exact or even approximate amount. On motion Drs. McGill, Kipp and Johnson were appointed a committee to ascertain as soon as possible the amount and they were empowered to make a satisfactory agreement and refer the bill to the Finance Committee for approval. On motion it was resolved that no additional expenditure should be incurred until the bill for previous expenses is settled, and that after settlement no expenses shall be incurred for legislative purposes without the approval of the Finance Committee.

The question of the relief of the Committee on Credentials, whose onerous duties at the time of the annual meeting practically prevented the attendance of its members on the sessions of the society, was considered, and after discussion the matter was referred to the recording secretary with power to arrange some plan for the relief of the committee.

Dr. L. M. Halsey presented for the board's consideration his report as chairman of the Committee on Legislation. The following rcommendations contained in the report were approved:

That the socety extend a vote of thanks to President J. S .Frelinghuysen, of the Senate, and to Speaker H. P. Ward, of the Assembly, for courtesies extended to the society; also a vote of thanks to Dr. William E. Ramsay, Assemblyman from Middlesex County, for his faithful and efficient work in the Assembly in behalf of medical measures.

That the society endorse the bill for the sterilization of confirmed criminals and degenerates.

It was further unanimously voted that we recommend that a conference be held in the fall, the date to be subject to the call of the president of this society, between the Commit-

tee on Legislation and the State Board of Medical Examiners and also the president of this society, the editor of the Journal and the recording secretary, to consider the propriety of introducing in the Legislature next winter a new medical practice bill, and if they deemed it advisable, that they be authorized to prepare such a bill and endeavor to secure its passage by the Legislature.

By order of the Board of Trustees,
David C. English, Secretary.

It was moved and seconded that the report be received. Carried.

Dr. Chandler made a motion that the recommendations contained in the report of the meeting of the Board of Trustees be adopted. The motion was seconded and carried unanimously.

Dr. English then read the report of the special committee on the medical practice bill appointed the preceding year. This report was as follows.

The special committee appointed at the annual meeting in 1909 to confer with the standing Committee on Legislation, in the preparation of a medical practice bill, respectfully reports that several conferences were held with the standing committee, resulting in the adoption of a bill which, while not entirely what we would have desired, was as good in its protection of the public against incompetent practitioners as we believed it was possible to have passed by the Legislature. Some amendments were subsequently made which the members of the standing and special committees agreed to in order to secure favorable action by the Legislature.

As the standing committee has fully reported the work done, with the successful work done in the passage of the bill by both branches of the Legislature, and the opposition to and final veto of the bill by the Governor, we deem further report unnecessary.

On behalf of the committee,
D. C. English,
Edward J. Ill,
E. L. B. Godfrey.

It was moved and seconded that the report be received and placed on file. Carried.

It was moved and seconded that a vote of thanks be given the Committee of Arrangements for the satisfactory manner in which they had carried out their work. Carried.

Dr. Chandler reported that the credentials of the following nominees for permanent delegates from Bergen County had just been presented: George Howard McFadden, Hackensack; James W. Proctor, Englewood; John E. Pratt, Dumont.

Dr. Chandler then moved that the secretary be empowered to cast a ballot for these gentlemen as permanent delegates. The motion was seconded and carried. Dr. Chandler cast the ballot, and they were declared elected as permanent delegates.

Dr. Luther M. Halsey, Williamstown, then read the following letter from Senator Silzer, of Middlesex County, who had been kind enough to assist the Legislative Committee the preceding winter. He had been asked to come to the meeting, and had sent this note of regret. It was dated New Brunswick, June 28, 1910:

My Dear Doctor: I have become so tied up with business engagements from which I cannot be released that I find myself unable to attend the meeting of the State Medical Society to which your committee was kind enough to invite me some time ago. I am very sorry indeed, as I had hoped to become more intimately acquainted with the members of your society, some of whom I already know very well.

Your society is doing splendid work in New Jersey, in raising the standards, which must necessarily eventually result in public good. There is much important work still to be done in health matters in the State of New Jersey, and in which the advice and co-operation of physicians is important and essential; and I trust that your body will continue its good work along these lines.

Again thanking you for your kindness in including me, and wishing you success, I am,

Yours very truly,
(Signed) Geo. S. Silzer.

Dr. Halsey made a motion that this letter be added to the minutes of the meeting.

Dr. English seconded this motion, and said that he had had a good deal to do with Senator Silzer in reference to legislation on medical subjects, and had always found him exceedingly obliging and ready to do everything possible to favor the medical profession in its efforts to raise its own standards and to benefit the public.

The motion was carried.

Dr. Chandler presented the resignation of Dr. Enoch Hollingshead, of Burlington County, as a permanent delegate.

It was moved and seconded that the resignation be accepted. Carried.

Dr. Chandler announced that the registration books showed a larger attendance than at any previous meeting of the society. There had been present 15 fellows, 7 officers, 79 permanent delegates, 35 annual delegates and 147 associate delegates, making a total of the membership present as 283. There had also been present the wives and families of the members, guests and others connected with the meeting, an additional number of 256 persons, thus making the total attendance at this meeting 539.

Dr. English made a motion that the thanks of the society be extended to the president, Dr. Waddington, for the courte-

ous and faithful manner in which he had presided over its deliberations. The motion was seconded and carried.

Dr. Chandler said that he would like to include in the vote of thanks to the Committee of Arrangements a vote of thanks also to the managers of the Chalfonte Hotel. The motion was seconded and carried.

A motion to adjourn was then seconded and carried, and the House of Delegates adjourned *sine die* at 11:40 A. M.

William J. Chandler,
Recording Secretary.

Attendance at Annnal Meeting.

The following persons were present according to the record of the registration book:

Fellows.

Charles J. Kipp, H. Genet Taylor, John G. Ryerson, Obadiah H. Sproul, Thomas J. Smith, David C. English, Claudius R. P. Fisher, Luther M. Halsey, John D. McGill, Edmund L. B. Godfrey, Henry Mitchell, Walter B. Johnson, Alexander Marcy, Jr., Edward J. Ill, David St. John.

Officers.

Benjamin A. Waddington, president; Thomas H. Mackenzie, first vice-president; Daniel Strock, second vice-president; Norton L. Wilson, third vice-president; Harry A. Stout, corresponding secretary; William J. Chandler, recording secretary; Archibald Mercer, treasurer.

Permanent Delegates.

Atlantic County—W. Blair Stewart, Edward A. Reiley, W. Edgar Darnall, J. Addison Joy, Elisha C. Chew, Emery Marvel.

Bergen County—Henry C. Neer, John E. Pratt.

Burlington County — Enoch Hollingshead, Richard H. Parsons, William P. Melcher.

Camden County—William H. Iszard, William A. Davis, Alexander McAlister, Harry H. Sherk, John F. Leavitt, Howard F. Palm.

Cape May County—Randolph Marshall.

Cumberland County—S. Thomas Day.

Essex County—Charles Young, William J. Chandler, Edward J. Ill, George R. Kent, James T. Wrightson, Theron Y. Sutphen, Thomas W. Harvey, George B. Philhower, Henry L. Coit, Theodore W. Corwin, Richard G. P. Dieffenbach, Edward Staehlin, Livingston S. Hinckley, William S. Disbrow, Wells P. Eagleton, Thomas N. Gray, William Buerman, Jesse D. Lippincott and Linn Emerson.

Gloucester County—George E. Reading, George C. Laws, James Hunter, Jr., Eugene T. Oliphant.

Hudson County—Joseph M. Rector, George E. McLaughlin, Mortimer Lampson, Talbot R. Chambers, Gordon K. Dickinson, Frank D. Gray, John J. Baumann, John J. Mooney, August A. Strasser, William P. Watson, Henry H. Brinkerhoff and John J. Mooney.

Hunterdon County—Isaac S. Cramer, William S. Creveling.

Mercer County—Richard R. Rogers, Sr., David Warman, Elmer Barwis, John C. Felty, Henry B. Costill.

Middlesex County—Ambrose Treganowan, A. Clark Hunt.

Monmouth County—Henry Mitchell, Edwin Field, Cyrus Knecht.

Morris County—Cuthbert Wigg, Stephen Pierson, Frederick W. Flagge, Britton D. Evans, Alfred A. Lewis.

Ocean County—Ralph R. Jones.

Passaic County—Philander A. Harris, Charles H. Scribner, Robert M. Curts, Andrew F. McBride, Frederick F. C. Demarest, Edward F. Denner, Francis H. Todd.

Salem County—William H. James, Henry Chavanne.

Somerset County—John P. Hecht.

Sussex County—Benjamin W. Ferguson.

Union County—James S. Green, Theodore F. Livengood.

Annual Delegates and Reporters.

William A. Wescott, A. E. Carpenter, E. Moore Fisher, James M. Maghee, John K. Bennett, Charles S. Heritage, William S. Lalor, Henry Kip, John A. Chard, B. S. Pollak, Fred P. Wilbur, Elton S. Corson, Sarah R. Mead, Franklin J. Keller, George M. Culver, C. M. Sherron, Theodore Senseman, William E. Ramsay, William J. Kelchner, Alfred L. Ellis, William F. Faison, Edward W. Closson, Charles B. Smith, E. S. Sharp, George N. J. Sommer, Elbert S. Sherman, Charles H. Schlichter, Joseph B. Harrison, Isaac S. Long, J. C. Loper, Harry B. Slocum, Alfred W. Ward, D. Edgar Roberts, Thomas P. Prout, H. Eugenia Whitehead, Henry H. Sherk, Frank W. Pinneo, Joseph Koppel, John H. Moore, Charles J. Craythorn.

Associate Delegates.

Emma M. Richardson, T. D. Taggart, M. S. Ireland, E. L. Reed, Edward Guion, William F. Ridgway, David F. Weeks, Melvin M. Franklin, William A. Clark, Ralph H. Hunt, Philip Marvel, J. W. Fithian, J. Finley Bell, William Buerman, E. W. Murray, D. T. Bowden, Arthur P. Hasking, George W. Lawrence, Charles H. Holcombe, H. G. Norton, Martin J. Synnott, John C. McCoy, James O'Donnell, Arthur Stern, W. A. Hickman, Julius Levy, John F. Smith, Henry A. Cotton, A. F. Alexander, George F. Ralston, W. Price Davis, Jr., H. W. Kice, H. Garrett Miller, E. E. DeGrofft, H. T. Harvey, Thomas S. Dedrick, Edgar Clement, Walter P. Conoway, E. J. Porteous, William H. Schmidt, George Scott, S. B. English, William H. Lawrence, Jr., D. H. Oliver, George L. Romine, E. H. Harvey, George T. Tracy, J. B. Morrison, John W. Wade, C. Garrabrant, F. V. Ware, Carl E. Sutphen, G. N. Best, F. J. LaRiew, Charles M. Williams, F. F. Bowyer, Irvin H. Hance, H. Stokes Doriss, David Berner, Duncan W. Blake, J. Anson Smith, I. E. Leonard, M. W. Reddan, Charles B. Neal, Merrill A. Swiney, Joseph Poland, George W. Stimson, Alexander Armstrong, W. P. Glendon, R. C.

Barrington, Ernest Thum, M. K. Elmer, J. C. Marshall, J. S. Baer, William H. Carpenter, Alexander R. Craig, E. S. Hawke, Joseph Wantock, William H. Shipps, G. N. Franklin, A. Haines Lippincott, Alfred M. Elwell, William H. Pratt, William J. Burd, Clara K. Bartlett, H. L. Rose, J. Boon Wintersteen, L. L. Mial, Paul M. Mecray, George S. Spence, George B. Gale, Edward E. Worl, H. A. Wilson, H. J. F. Wallhauser, L. B. Hirst, Marcus F. Squier, Eugene H. Goldberg, Bernard R. Lee, William C. Sandy, Samuel Barbash, E. G. Hummell, William W. Kain, William E. Hitchcock, J. Gaunt Edwards, John E. L. Van Scriver, William L. Pyle, Elmer D. Prickett, William C. Parry, Charles H. Jennings, Edward C. Pechin, William B. Jennings, Jay I. Durand, William H. Hicks, John Walters, Henry L. Sinexon, Edward B. Rogers, A. M. Heron, Walter Reynolds, Carroll H. Francis, Adrienette L. LeFevre, Lida P. Allen, Anthony W. Lamy, B. Van D. Hedges, H. B. Slocum.

Guests.

William H. Welch, Carlos F. McDonald, Henry Ling Taylor, William H. Leszynsky, William C. Smallwood, Samuel C. Smith, J. Torrance Pugh, Alexander R. Craig. There were also present the wives and families of many of the physicians in attendance.

Permanent Delegate Absentees.

Bergen County—Samuel E. Armstrong.

Camden County—William S. Jones, Henry H. Davis.

Cumberland County—Joseph Tomlinson.

Essex County—Joseph C. Young, Richard C. Newton, David E. English, Joshua W. Read, George A. Van Wagenen, Charles F. Underwood, L. E. Hollister, Charles D. Bennett, William B. Graves.

Hudson County—John C. Parsons, J. A. Exton, Fred M. Corwin, John J. Broderick.

Mercer County—C. F. Adams.

Middlesex County—F. M. Donohue.

Monmouth County—Samuel Johnson.

Morris County—James Douglass.

Ocean County—William G. Schauffler.

Passaic County—George H. Balleray, John T. Gilson.

Somerset County—S. O. B. Taylor, A. L. Stillwell.

Union County—T. H. Tomlinson, James S. Green, Edgar B. Grier, Ellis W. Hedges.

Warren County—G. W. Cummins, J. M. Reese.

Absent Two Consecutive Years.

The following permanent delegates have been absent from two consecutive annual meetings without excuse: Richard C. Newton, Montclair; William B. Graves, East Orange; Fred M. Corwin, Bayonne, and Charles F. Adams, Trenton.

Next Annual Meeting
Medical Society of New Jersey
Asbury Park, June 27 to 29, 1911.

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The Thirty-Eighth Annual Meeting of the American Public Health Association will be held at Milwaukee, Wis., September 5-9, 1910.

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PERSONAL EXPERIENCES IN RENAL SURGERY.*

A Clinical and Pathological Study of Ten Operated Cases.

By George N. J. Sommer, M. D., Trenton, N. J.

Visiting Surgeon to St. Francis Hospital, Consulting Gynecologist to the New Jersey State Hospital, Trenton.

The following is a report on all the cases of renal disease, exclusive of floating kidney, requiring operation that have come under my observation during a period of years. The introduction of the X-ray, the cystoscope, the methods of urine segregation, and functional activity have lifted the domain of modern urology out of the background into the foremost ranks of scientific medicine. These methods have not only clarified the diagnosis of the affections of the kidneys and ureters, but have been of the greatest prognostic service.

I will now take up the consideration of my cases in detail under the following headings:

I. Congenital Misplacement of the Kidney.
II. Infections of the Kidney.
III. New Growths of the Kidney.
IV. Calculus Disease of the Kidney.

I. CONGENITAL MISPLACEMENT OF THE KIDNEY.

Case I. Abdominal section and drainage for tumor in lower abdomen mistaken for mesenteric cyst. Second abdominal operation and removal of an ectopic kidney. Recovery.

Nicola E., aged 27, white, native of Italy, married and a laborer by occupation, was admitted to St. Francis Hospital, October 29, 1909. Chief complaint, abdominal tumor. Family history, negative. Personal history, his health had always been good. He never had any venereal trouble.

Present trouble began five days ago when a tumor was noticed in the lower abdomen. Two days later there was great frequency and difficulty in urination, but without pain.

Physical Examination—The abdomen below the umbilicus is occupied by a tumor which projects markedly forward and is of the size of a cocoanut, cystic to the touch and not tender, it is not movable. The bladder contains 1,000 c.c. of clear yellow acid urine with no pathological contents. The catheter is found to be deflected to the right or to the left by some extra vesical body. The cystoscope shows the bladder neck congested, a deep prostatic pouch, and the ureteral orifices normal in appearance and position. The fundus of the bladder is compressed antero-posteriorly by the tumor.

Operation—October 30, 1909. Under the supposition that we had a mesenteric cyst to deal with, the abdomen was opened by an incision from the umbilicus to the pubes. A retroperitoneal tumor involving the mesentery of the small intestine, with the gut lying on top of the tumor, seemed to clinch the original diagnosis. The tumor was opened and 1,500 c.c. of clear yellow fluid evacuated. A prolongation of the cyst was found passing up through the mesentery on the right beneath the transverse colon. Below the right it passed beneath the ilio-cecal junction. The appendix was seen, found to be thickened and removed. The opening in the cyst was sutured to the peritoneum of the abdominal wound and a large tube inserted to the bottom of the cavity for

*Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 29, 1910.

drainage. The rest of the abdominal wound was closed in layers. A small piece of the cyst wall was removed for pathologic examination and referred to Dr. F. S. Hammond, pathologist of the New Jersey State Hospital, who reported as follows:

Specimen from an abdominal tumor containing clear yellow fluid, supposed mesenteric cyst. Piece of cyst wall received October 30, 1909.

Examination—Specimen a small, thin, reddish piece of membranous tissue.

Microscopical Examination—Considering the anatomico-surgical history and tentative diagnosis, the structure of the specimen is peculiar. The entire thickness in the hardened state is about 1 to 1½ mm. It consists of at least two layers or possibly three. The innermost layer consists of a markedly wavy and indentated zone (somewhat resembling elementary villi or papilla of the skin) of plainly stained cells having deeply stained nuclei and distinct protoplasm. This layer is always at least two cells in thickness and in some places there is a row of three cells, one above the other. In shape the cells are oval, polygonal and irregular, a few appear more or less columnar, particularly those of the outermost layer. No cilia can be distinguished. The tissue upon which the cells of this layer rests is of loose areolar type, and, as before stated, is raised into villous-like elevations which are covered by the cell layers. In the core of the villous-like projections occasionally a central vessel can be distinguished, these are large, indistinct and distended with blood. The second layer of the specimen which adjoins the areolar tissue of the first or innermost layer consists of a rather thick, well-developed and well-preserved zone of voluntary muscle which is divided into two distinct zones, cut in cross sections and the other longitudinally, in the sections the cross section bundles lying within, and the longitudinal ones without. The muscle fibres are distinct, and the nuclei, though somewhat hypertrophic and of a peculiar twisted appearance,stain distinctly and well. This muscular layer forms the greater part of the thickness of the sections. Outside the muscle bundles a poorly developed thin third layer, consisting of fibro-connective tissue, can be distinguished on some portions of which a considerable layer of coagulated blood can be seen. In view of the microscopic examination the specimen can certainly not be regarded as a mesenteric cyst, since the cells both in type and layering are not endothelial, but are distinctly epithelial in character. In addition the presence, thickness and arrangement of involuntary *muscular* tissue precludes this idea. Histologically at least the specimen, though altered, presents every indication of the structure of one of the hollow viscera. The doubt arises in the interpretation of the epithelial covered villous-like projections, since these in their altered state, together with the muscular coat, might readily represent either the vestigial remains of intestinal villi or rugæ or similar rugæ of some portion of the urinary channels. Although I am inclined to favor the view that the condition arose from an occluded vestigial remnant of the intestinal tract (comparable to a Meckle's diverticulum), this cannot be positively decided. It cannot be too strongly emphasized that in such cases, exact anatomical facts and histories are the only means of reaching a satisfactory conclusion, for the benefit of both clinician and pathologist.

Diagnosis—Cyst of vestiginal remnant of one of the hollow viscera either intestinal or urinary, the former most probably.

Signed, F. S. Hammond.

Post-operative Notes—The patient recovered promptly from this operation, and the discharge from the tube was very free. The tube was removed on the fourth day and the wound was healed by the tenth day. The cyst rapidly refilled, within three days was tapped through the scar and 1,000 c.c. of creamy yellow fluid was removed, after which it again promptly refilled, requiring frequent tappings at intervals of three or four days and each time 1,000 to 1,500 c.c. of fluid varying from clear yellow to creamy yellow was removed. At the same time it was noticed that the urinary secretion, although normal in character, was diminished to a marked degree. It was thus evident that the tumor was of renal origin, therefore on October 1, 1909, the abdominal wound was repoened by an incision circumscribing the old scar. The small intestine was found adherent to the floor of the upper part of the old incision and was accidentally opened for about eight c.m. This was closed with a continuous Connell suture followed by a Cushing right-angled one. Exploration of the abdomen showed the left kidney to be enlarged and in the normal position. The right loin was found to be empty, showing that the tumor was evidently a right ectopic hydronephrosis. The tumor was enucleated with great

difficulty and by piecemeal, about 500 c.c. of cloudy yellow fluid being evacuated. At the lower pole a mass of kidney tissue was found about 4x6 c.m. in size. Another half that size was found at the upper pole. A small pedicle was found at the promonitory of the sacrum consisting of a very narrow ureter and the renal vessels which were ligated separately with celluloid thread. The ureter entered at side of the lower pole. The tumor occupied the region of the promonitory of the sacrum. The edges of the posterior peritoneal wound were sutured to that of the abdominal incision and the cavity packed with gauze to control the rather free oozing. The abdominal wound was closed with through-and-through silk-worm gut sutures. The operation lasted 1 hour and 20 minutes. The patient was badly shocked at the close, but reacted in a few hours. He was put in the Fowler position and proctoclysis instituted after the method of Murphy. Strychnin grain 1-30, eserine salicylate 1-100 gr. hypodermically every three hours. Nothing was given by mouth for three days, when milk and spartein, grains 2, was substituted for the eserine. The drains were removed on the fifth and seventh days. The wound healed slowly and left a sinus, which was closed on October 28, 1910, after a bismuth paste injection. At present the patient is at work, feels quite well and strong, has gained in weight. At the drain site there seems to be a little weakness in the wound, which is otherwise solid.

Pathological Examination—The fragments of tissue removed were referred to Dr. Hammond, whose report, under the date of January 10, 1910, is as follows:

Specimen consists of a number of large and small tissue fragments of varying size and shape said to represent an ectopic right kidney removed by enucleation. In one of the larger pieces a suggestion of the nature of the specimen is shown. This consists of a piece of solid tissue about 3 inches long by 1 inch wide and ½ inch thick. It represents apparently an external and internal surface. The external is convex, smooth, rounded and slightly lobulated. The internal is hollowed out, concave and is continuous with the thin membranous structure mentioned later. On section through the thicker part of the solid tissue the cortical and medullary structure of kidney tissue is plainly distinguishable, being evidently one of the poles of the kidney. The membranous structure before mentioned extends from the internal concave surface of the solid tissue for about 2½ inches. In its centre is a circular opening a little less than ¾ of an inch in diameter. The opening dips down through a small mass of solid fibro-fatty tissue and is lined with a continuation of the membranous structure. This part evidently represents a portion of the renal pelvis and the ureteral opening. The other bits of tissue which vary in size from ½ to 1½ inches and number about 18 or 20, show but little by which to exactly identify them. except that most present an appearance very similar to that of the membranous tissue of the larger pieces before described. They are in all probability pieces of the dilated renal pelvis or flattened pieces of kidney substance. One other solid piece of tissue about ¾ of an inch in size and of irregular rounded shape on section shows true kidney structure; according to operative description, the other pole of the kidney. Sections are taken through the larger piece of kidney substance, through the tissues near the apparent ureteral opening, and from a thin piece of membranous tissue not attached to the recognized kidney structure.

Microscopical Examination—Section from solid tissue: Kidney tissue with all parenchymatous and interstitial elements in characteristic arrangement. A very advanced and severe grade of parenchymatous change, universal atrophy, granular degeneration and desquamation of the tubular epithelium. Many cells completely disintegrated. Interstitial tissue unaltered. Section through tissue representing pelvis and cyst wall. Mucous membrane replaced by thick zone of round cell infiltration. Under this, poorly stained connective tissue with occasional foci of round cell infiltration. Without previous knowledge of nature of these areas it would be impossible to state their origin or relations. The rather suggestive appearance of a mucous membrane lining a hollow viscus seen in C. S. No. 190 is not present in these sections. There is no evidence of any particular specific process seen in any of the sections.

Microscopic Diagnosis—Kidney tissue; fibro-membranous tissue with marked cell infiltration.

Signed, F. S. Hammond.

Epicritical Remarks—The diagnosis of this case was missed by the failure of the application of the modern methods. Catheterization of the ureters would have developed the obstruction in the right, and the failure to procure urine from the same

which could have been confirmed by the indigo carmine method. My only excuse is that the exigencies of a large general practice prevented me at the time from properly studying this case.

II. INFECTIONS OF THE KIDNEY.

Case II.—Acute septic infarction of the kidney, nephrectomy. Recovery.

The recent studies of Brewer on this subject are classical and so very well known that an extended discussion of this subject is unnecessary. The subject of this report, Mrs. Mary P., was referred to me by Dr. L. C. Williams, of Lambertville. She was admitted to St. Francis Hospital Sept. 4, 1909, with the following history: Case 2—Mary P., aged 38, white, married, native of the United States. Chief complaint, severe pain in the right loin radiating downward and forward to the pubes.

Family history: Father aged 82, and mother 62, both living and in good health; five brothers and one sister living and well. Two sisters died in infancy. No history of cancer or tubercle.

Personal history: Has always had delicate health, suffering from asthma since childhood, and was discharged from the New Jersey Sanatorium for Tuberculosis one year ago after a sojourn of twelve months. Menses began at the age of 17, regular every four weeks, duration five or six days accompanied by little pain, and not much discharge. Last regular period June 26th. Has borne nine living children. Labors always easy. Oldest child nineteen and youngest two years of age. Three of her children died in infancy. She had a miscarriage three years ago.

Present trouble: Following the last menstrual period, beginning June 26, 1909, and ending July 4th, she began to suffer with great frequency of urination and an intense pain at the end of micturition in the region of the bladder. This pain spread all over the lower abdomen and owing to circumstances she was compelled to hold her urine over-long that day, and to this she ascribes her trouble. Pressure on the lower abdomen caused the pain to radiate all over the abdomen. Her appetite was poor, and she suffered severely from headaches. She has been confined to bed for the past seven weeks, her condition improving but little. Two days ago she was seized with severe pains in the right lower abdomen with a corresponding increase in her urinary difficulties. To-day the right side of her back began to pain her severely, until now it is almost unbearable. With this she has a severe headache. Since the onset of the right-sided pain, her left leg has become swollen. Her bowels are usually regular, but at present she is constipated. She has never had any bladder trouble previous to this attack.

Present condition: Thin, pale woman, lips almost colorless, with an anxious pain-drawn countenance, tongue has a thin white coat. Temperature 99, pulse 96, regular, somewhat weak. Leucocyte count, 16,500.

Physical Examination—Heart sound clear, regular. Lungs negative. Abdomen slightly distended, quite tender below the umbilicus, particularly on each side of a rounded tumor, evidently the pregnant uterus, the fundus of which extends midway between the symphysis pubis and the umbilicus. The greatest tenderness is at the right horn of the uterus. There is no rigidity anteriorly. Palpation of the right loin space anteriorly develops some tenderness over the kidney, but posteriorly there is some bulging, and exquisite tenderness is marked over an area 4x6 c.m. just below the last rib and to the outer side of the erector spinæ. The right leg is swollen and pits on pressure, it is not tender. Vaginal examination: Vulvar orifice much relaxed, admits two fingers with ease, vaginal mucous membrane purplish pink in color, cervix soft with a stellate laceration. Uterus ante-flexed, enlarged to the size of a cocoanut, soft and boggy and very thin at the junction of the body and cervix. The evening of her admission her temperature was 100 and pulse 98. At 11 P. M. had a slight chill. Sept. 7, 1909, pain and tenderness more severe in the right renal region and in the evening another chill followed by sweat; temperature was 103 and pulse 130.

Sept. 8, 1909, morning temperature 98, pulse 120, pain still greater in the right renal region with a very severe chill at 12:30 P. M. Urine by catheter was dark brown in color, cloudy, specific gravity 1,027, acid in reaction, a trace of albumen, pus and blood cells.

September 9, 1909, still very tender in the right renal region and the swelling more marked. Cystoscopy. Bladder easily cleansed, 120 c.c. of fluid retained without discomfort. Internal sphincter swollen, trigone vascularized, left ureter scarcely seen as an oblique slit, the right swollen and open-mouthed. Pus flakes in abundance floating in the medium. Leucocytes 8,000, red cells 2,010,000, hemaglobin 60 per cent.

September 10, 1909, as the patient's condi-

tion was rapidly getting worse, at 9 A. M. lumbar nephrectomy was done under chloroform anesthesia. An oblique incision was made parallel with the last rib from the outer border of the erector spinæ to the spine of the ilium. Kidney fat, yellow, edematous, and scant. Kidney swollen easily delivered, the ureter tied off low down and the vessels tied in bulk with silk ligatures. Small gauze drain to the stump. The wound closed with cat gut and silk worm gut sutures. Time, 20 minutes; pulse 80. An enema of whiskey, one ounce, and salt solution one pint, was given on the table at the close.

Post-operative Notes—Reacted well from the operation and voided 250 c.c. of urine within six hours following the operation. Drainage from the wound was quite free. Bowels moved on the third day after calomel. Spartein sulphate, gr. 1, hypodermically, was given for five days after the operation. This caused a very profuse diuresis. The urine rapidly lost its albumin and pus and by the sixth day the swelling disappeared from the right leg. Sutures removed on the ninth day, the wound being entirely healed. The drain was removed on the sixth day. The patient was out of bed on the twelfth day and left the hospital on the fifteenth day. Since leaving the hospital she has been in fair health, was safely delivered without any trouble at the normal time, and the baby has thrived.

Under the date of September 15, 1909, the following report was received from the pathologist: Examination—Specimen nephrectomized right kidney. The measurements are 11x6x4 c.m. It weighs 150 grams; 5 c.m. of the ureter is attached. Both pelvis and ureter are dilated, the latter so that a lead pencil is easily inserted. With the capsule *in situ* the outer surface is generally smooth, with some adherent fat. At either pole there is noticeable an irregular swollen appearance, particularly at the upper. When the capsule is stripped it adheres at the poles and also at certain other points over the circumference. Beneath the adherent points are situated solitary and aggregated points of inflammatory reaction. Each of these is formed by a small round yellowish centre, surrounded by rather a sharply circumscribed intensely injected areola. Where the areas are fused there is a mass of closely set yellow points with reddish borders forming a protruding cauliflower-like mass. The largest areas are at the upper pole and one is as large as 3 c.m. in diameter. In all there are three large aggregations of foci and about twenty small ones ranging in size from the head of a pin to a small pea. On section through the larger foci appearing on the surface these are seen to extend downward through the cortex and medulla of the kidney in wedge-shaped injected and yellowish striated areas which reach the calices. On the other parts of the cut surface smaller isolated foci are seen, chiefly in the cortex. The mucosa of the pelvis is smooth and presents a number of small injected ecchymotic areas. The kidney substance not directly involved by the acute inflammatory foci is pale and presents a cloudy homogeneous appearance. The pyramids are slightly injected. A section is taken through one of the foci. Smears made from one of the yellowish points show a few round separately placed Gram positive cocci.

Microscopical Examination—Sections through an area of inflammatory focus and adjoining tissue show linear areas of dense cell infiltration running parallel with the straight tubules from medulla to cortex, and small patches of similar infiltration scattered through the parenchyma. The exudate consists of leucocytes, round cells and proliferated connective tissue cells, and are rather circumscribed. The renal tissue not directly involved shows various phases of rather marked degeneration, the epithelial cells being granular, atrophic or desquamated. The renal tubules are frequently blocked with hyaline casts or filled with granular debris. Small cysts of the tubules are not infrequent. Aside from the acute exudative foci there are other islands of connective tissue increase denoting a more chronic condition.

Diagnosis—Acute pyelonephritis, multiple abscesses. Marked diffuse parenchymatous nephritis. Slight chronic interstitial nephritis.

Signed, F. S. Hammond.

Case III.—Acute infection in hydronephrosis, nephrectomy. Recovered.

Mrs. Mary C., aged 30, white, native of of the United States, seen at her home with Dr. H. G. Norton on January 29, 1910.

Chief complaint: Pain in the left loin.

Family history: Father died of stomach trouble at 45; mother, aged 50, living and well; one brother died of consumption at 17; one sister died of Bright's disease at 22; one brother living and well. A maternal aunt died following an operation for cancer of the uterus.

Personal history: Although more or less delicate in appearance, has usually had good health. Menses began at 17, lasting usually a week, quantity variable, accompanied by pain before and after the flow, and severe headache. She has had two children, the oldest eight years ago, who died one year ago of meningitis. The youngest, four years of age, is well. Between these two children she had two miscarriages.

Present trouble: Has suffered from painful and frequent urination all her life. At sixteen she began to have pain in the left loin, which persisted until seven years ago, when floating kidney was diagnosed and a bandage, with a pad, was applied, which gave her complete relief. About two weeks ago frequent and painful urination began with renewed distress and severe pain in the left loin which finally forced her to bed. During the past week she has had one or two severe chills daily with a great increase in the loin pain. Her urine has been very thick and cloudy and contains albumin and much pus.

Present condition: She is a thin, very pale, anxious looking young woman, her lips are dry and scaly, her teeth chattering, complaining bitterly of being cold, of severe backache, headache, and pain in the left loin posteriorly. Her extremities are blue and cold. She is in the midst of a severe chill. Temperature 102, pulse 124, thready and feeble.

Physical Examination — Heart sounds are clear and regular. Lungs negative. Abdomen: On the left side a large mass extends from the costal border to the pelvic brim. The overlying muscles are extremely rigid and the mass is exquisitely tender, particularly behind in the loin. The right kidney is movable, enlarged — its lower border at the iliac crest. The urine on standing deposits one-quarter of its bulk of pus. It is acid, specific gravity 1,028, contains albumin and pus and it has no odor. Owing to her desperate condition it was thought inadvisable to move her to the hospital. A nurse was procured and the patient prepared for operation, which was done on her bed, under ether anesthesia administered by Dr. Norton. It was thought that we had a perinephritic abscess to deal with. After making an oblique incision 10 c.m. long in the left loin, the kidney was easily exposed, the peri-renal fat being small in amount. The kidney was considerably enlarged and lobulated. The pelvis was found much distended, to the size of a large orange, the ureter small and very narrow, coming off from the lower inner side. A band of scar tissue crossed beneath the junction of the ureter and pelvis. In freeing the kidney, the pelvis ruptured and about 150 c.c. of very foul purulent urine escaped. The ureter was tied off low down with cat gut. The vessels were tied en masse with celluloid thread. A small gauze drain was passed down to the bottom of the kidney space. Wound was closed with cat gut for the deeper layers and silk worm gut for the skin. Time of operation, 18 minutes. Her temperature before operation was 104 and pulse 136. At the close the pulse was stronger and fuller and 120.

Post-operative Notes—She reacted well. Murphy proctoclysis and spartein sulph., grain 1, hypodermically every three hours, was given. This was discontinued 24 hours later. The urinary secretion was quite free after this. Her convalescence was uneventful, improvement being steady except for a hypodermic abscess in her right arm. She was out of bed by the fourteenth day, and her wound healed in four weeks. At the present time she is in her usual health.

The pathological report under the date of January 31, 1910, is as follows: Specimen, a nephrectomized left kidney. Measurements: Length, 14 c. m.; breadth, 5; thickness, 4.5; weight, 240 grams. External examination shows the surface generally smooth, dark red in color and considerably injected. At the upper pole there is an ill-defined area of dark, livid, bluish color. The general consistency is rather soft and inelastic. The pelvis, which has been mechanically torn, is strikingly dilated and when completely opened and measured it is 8 c.m. in circumference at the hilum. A few m.m. of the ureter is present, and is in striking contrast to the pelvis. Its lumen is extremely small and in comparison with the dilated pelvis appears constricted. It does not measure more than 1-10 to 1-8 inch in diameter and a small sized probe is pasesd with difficulty. The mucosa of the pelvis which is said to have contained 100 c.c. of thin urinous pus, is thickened, injected and engorged to an extreme degree. It is a dark livid red in color. The openings of the infundibuli are much dilated (1 c.m.) and the deeply injected lining mucosa is plainly visible as far as the calices. On splitting the kidney by a longitudinal incision the widely gaping orifices of the infundibuli are seen to be placed

in a double row, three in each, along the mid-line; near one of the openings is a small yellowish point of pus formation. The cut surface as a whole presents a variable appearance of pale grayish red turbid kidney substance, in which the markings of both cortex and medulla are hardly visible, and well-marked, ill-defined areas of angry deep red injection of which the blood vessels are plainly visible. At either pole is a rather large area of much deeper color than that of the adjoining tissue. At one pole there is apparently nothing beyond the marked engorgement, but at the other the injected area is sharply circumscribed, presents a slight elevation on the outer surface and in the section shows distinct, fine yellowish lines running from one of the infundibular openings outward to the cortex. In shape this area is triangular, with the base outward and its apex at the infundibulum. It is completely characteristic of suppurative pyelonephritis just prior to abscess formation. Examination of the kidney substance detects no formed abscesses, cysts or pockets of any description other than the dilated infundibuli. The condition is hydropyonephrosis with very severe pyelitis and pyelonephritis. Sections are taken from the two actively inflamed areas at the poles and the specimen hardened in Kaiserling's solution.

Microscopical Examination—Sections through local area of inflammatory reaction at upper pole: Renal architecture recognizable, but profoundly altered. Interstitial tissue packed with inflammatory reactions cells; polymorpholeucocytes,lymphocytes, plasma cells and rather numerous proliferous fixed connective tissue cells. In one or two places cells of inflammatory process form solid cellular masses which entirely replace the renal tissue (small areas of necrosis or beginning abscess formation), in other places cells are more scattered and elements of altered connective tissue type predominate (more subacute in nature). Parenchyma everywhere correspondingly altered; Bowman's capsules everywhere show very pronounced proliferation, hypertrophy and desquamation of the lining epithelium, in some instances almost unrecognizable. Tubules as a rule packed with acute inflammatory cell exudate. In some instances small, but quite distinct hemorrhagic extravasations of red cells and fibrin mesh-work are seen. Inflammatory reaction extends from cortex to deepest part of medulla. Sections through local area of inflammatory reaction at lower pole. Presents the same general appearance, though to considerable less degree, as those of area at upper pole. Cell exudate smaller in amount and chiefly between tubules, proliferated connective tissue cells plainly in evidence. An occasional area of the same hemorrhagic extravasation and fibrin formation as in other sections. One or two focal accumulations of leucocytes and round cells. Parenchymatous cells in both regions show marked, and in many instances extreme, degeneration. Microscopic picture is that of acute interstitial inflammation with parenchymatous degeneration, focal hemorrhages and miliary abscess formation.

Diagnosis—Hydro-pyonephrosis; developing acute suppurative pyelonephritis with miliary abscess formation.

Signed, F. S. Hammond.

Case IV.—Chronic pyonephrosis; nephrectomy. Recovery.

Mrs. Ellen J., white, native of Ireland, aged 45, married. Admitted to the medical ward of St. Francis Hospital under the care of Dr. W. S. Collier, and transferred to my service December 26, 1910.

Chief complaint: Left-sided upper abdominal pain with tumor.

Family history: Negative.

Personal history: Her menses began at sixteen, regular, lasting a week, without pain or discomfort. Has borne two children, the first was born dead after a difficult instrumental labor, seventeen years ago, after which she suffered from incontinence of urine from fistula, which closed after a short time. The last child was born thirteen years ago and is still alive.

Present trouble: Commenced after the birth of her first child, seventeen years ago, when frequent urination and a left-sided upper abdominal pain set in. The frequency was so great as to cause her to get out of bed five times each night and this has continued up to the present time. Recently her health has failed greatly and she has lost about 25 pounds in weight.

Present condition: A stout, well-nourished woman, slight icteroid tinge of the skin, tongue thickly coated.

Physical Examination—Large flabby abdomen, small umbilical hernia. The left loin and upper abdomen are occupied by a large tender hard tumor which springs forward from beneath the costal margin and extends to the brim of the pelvis. Externally it fills the loin space, causing it to bulge markedly, internally it extends to the outer border of the rectus.

Vaginal Examination—Marked rectocele, slight urethrocystocele, bilateral laceration of the cervix, small retroposed uterus; no tenderness in the fornices. Cystoscopic examination: The bladder contains 500 c.c. of cloudy, thick, foul urine. Capacity good. Bladder neck swollen. Ureteral orifices are found in the normal position and are unchanged, clear urine spouts from the right ureter. Pressure over the tumor causes pus to escape freely from the left ureter in the form of long, worm-like plugs. Indigo carmine is excreted fairly rapid from the right side, none from the left after 45 minutes. Urine is dark color, one-quarter of its bulk is pus, reaction feebly acid, albumin one-fifth by bulk, urea 1½ per cent.

Operation—10 A.M., December 31, 1909. Anesthetic, ether. Oblique incision, 18 c.m. long parallel with the last rib from the erecter spinæ to the rectus. Perirenal fat very dense, almost 6 c.m. thick. The kidney and fat enucleated together, and the vessel tied with celluloid thread ligatures. The kidney ruptured and about 100 c.c. of foul-smelling pus escaped. The ureter was torn off and its lower end could not be found. Tube and gauze drainage to the bottom of the wound. Wound closed with cat gut and silk worm gut sutures. Time of operation, 50 minutes. An enema of salt solution, one pint, and whiskey one ounce, was given on the table at the close of the operation. A retention catheter was placed in the bladder. She reacted well from the operation and made an uninterrupted recovery. Spartein sulph., grains 2, hypodermically, every 3 hours, was given for a few days after the operation. Drains were removed on the fourth day. She left the hospital with a small sinus at the end of the sixth week. At present she is in good condition.

The pathological report under the date of January 7, 1910, is as follows: Specimen nephrectomized left kidney. The kidney is completely enveloped in a thick, firm fatty capsule, the outer surface of which is roughly lobulated and the inner surface smooth and semi-fibrous, moulded accurately to the shape of the kidney. The fatty capsule at its greatest thickness over the convexity of the kidney is 2 c.m., and at its thinnest over the upper pole, 8 c.m. Over the lower pole on one place it is 4 c.m. thick. The kidney and fatty capsule together weigh 680 grams, the kidney alone 250 grams. The kidney measures 14x5x5 c.m. The outer surface of its convexity is of a lobulated appearance, the surface being divided into irregular areas by shallow linear depressions. On palpation the kidney substance for the most part gives the impression of consisting of a number of hollow or fluid-filled sacs. The hilum about the pelvis and beginning ureter is filled with firm yellow fat. On longitudinal section the divided kidney presents an extremely peculiar appearance. As before noted the hilum is filled with fat. The medulla of the kidney proper, including all of the pyramids, are likewise replaced by a solid pale yellowish gray fatty and hyaline tissue, divided into circular lobes, each measuring 2.5 c.m. in diameter and separated by well-marked bands of grayish hyaline connective tissue. No remains of kidney substance are visible in the medulla. The cortex is riddled with multiple necrotic cavities containing thick dark bloody pyoid fluid. At least seven of the cavities are present and occupy practically the entire cortex. They are sharply circumscribed and have walls covered with necrotic material. The cavities are circular, avoid or irregular in shape. The largest measures 3x1½ c.m., the smallest 1x½ c.m. They are closely set and the intervening tissue has a very marked grayish hyaline appearance. The outer wall between the cavities and the surface of the kidney is extremely thin and in some places measures only a few m.m. in thickness. In at least two instances a distinct sinus extends from the abscess cavity to the pelvis. The only tissue showing any trace of the usual kidney markings is seen at the poles. The contrast between the bright yellow fatty medulla and the dark red abscess cavities of the cortex is striking. Sections are taken from the upper pole and from an abscess wall. Smears of the necrotic tissue in the walls of the abscess stained for tubercle bacilli are negative; by methylene blue show streptococci. Cultures on agar from the abscess contents give a heavy, pure growth of streptococci. The specimen is hardened and preserved in Kaiserling's solution.

Microscopical Examination—Section from pole area not microscopically directly involved in suppuration: Capsule proper absent, replaced by zone of fibrocellular tissue rich in small round or spindle-shaped cells. Cortex, large areas of intense infiltration of subacute type (fibro-cellular), many large patches of complete displacement of renal tissue. Better preserved areas intensely sclerotic. Tubules and glomeruli

compressed, distorted and atrophic, advanced atrophic degeneration of epithelium. Bowman's capsules greatly thickened. Many small fibrous nodules size of glomeruli, probably representing stage of complete destruction. Medulla principally homogeneous hyaline connective tissue, distorted tubular remnants visible, scattered round cell infiltration. Vessel walls greatly thickened, hyaline degeneration. Section from one of the abscess walls. Complete destruction of renal tissue, dense cell infiltration, very many plasma cells and lymphocytes, polymorphonuclears comparatively few (subacute exudate). Many widely dilated thin walled vessels (veins), artery walls greatly thickened, hyaline. No bacterial foci seen.

Diagnosis—Pyonephrosis.

Signed, F. S. Hammond.

III. NEW GROWTHS OF THE KIDNEY.

Case V.—Hypernephroma; nephrectomy. Recovery from operation; death later from recurrence.

Clark D. H., white, aged 38, married, of American parentage, and a factory foreman by occupation. Was seen June 15, 1905, complaining of paroxysmal pain with more or less continuous aching in the back of the right side, which pain radiates at times downward in the course of the ureter to the spine of the pubis, right testicle and the end of the penis. During the paroxysms of pain there are frequency of what was thought to be narrow blood clots. He has been ill for about ten weeks.

Physical Examination—In the right loin there is a palpable tumor which extends downward to a level with the umbilicus. It springs out from beneath the costal margin. On bimanual examination it can be moved slightly and is evidently renal in nature. It is not tender. There is no fever nor elevation of pulse. The urine is light yellow in color, acid, specific gravity 1,020, contains no albumin or sugar, and but a few pus cells. On June 20, the tumor was larger. His pain was more severe than ever, particularly at night, so that he got very little sleep, and his only relief was to keep a pillow under his back all the time. A skiagraph made by Dr. Charles L. Leonard was negative for stone. By July 1st the pain had increased in severity, he was losing flesh rapidly, he had fever at night with sweats, and he was quite pale and anemic. The tumor had increased somewhat in size. There was evidently some new growth in the kidney. July 5th, under ether, nephrectomy was done through a long oblique incision in the loin. The tumor was found to be renal and it was difficult to free it. The kidney came out in two parts. It was difficult to develop the pedicle which was quite short and thick. The pedicle was ligated with silk. A small accessory mass was removed from the side of the ureter in the lower inner part of the wound. There was free capillary oozing which was controlled by three large packs. The wound was closed with silk worm gut sutures. Time of operation, one hour. As he was badly shocked, a pint of salt solution was infused beneath the breast. He reacted fairly well and there was considerable blood oozing from the wound during the first night. He made a slow recovery and left the hospital August 25, 1905. By September 10th there had developed a large mass in the right upper abdomen quite tender, with bloody urine. There was evidently a return of the growth. By October 20th he was suffering from a bloody diarrhoea and the tumor had grown enormously. He had severe chills daily. His pain was intense, and he slept mostly on his face. The wound broke down and a large ulcerating mass developed. He died in coma October 31st, at 11 P. M. Examination of a portion of the original tumor by Dr. L. W. Allen, then pathologist of the State Hospital, showed it to be a hypernephroma. The tumor itself was unfortunately lost and no autopsy could be obtained.

Case VI.—Carcinoma; nephrectomy and appendectomy; operative recovery. Death from recurrence later.

August M. was first seen September 14, 1906, complaining of right-sided upper abdominal pain. His age was fifty, white in color, married, a baker by occupation, and a native of Germany. His history is as follows: He had always been well until about eight weeks ago. His family history was negative, his father being still alive at the age of 90.

Present trouble: Eight weeks ago he began to suffer with gastric pain, to fail in health and to lose his appetite. Four weeks ago he had a severe attack of right-sided upper abdominal pain which his physician thought was due to gall stones. Pain is most severe at night, particularly in the back. On physical examination he presented the following condition: A pale, emaciated anemic, cachetic looking man. Slightly jaundiced. Abdomen is not distended and is quite tender in the region of the lower border of the liver in the midline. What appears to be the liver extends

three inches below the edge of the ribs in the mammillary line and across the abdomen to the left side about 1½ inches within the left mammillary line. In the right anterior lumbar region is a mass the size of a large orange which seems to come off the liver, in fact to be a part of it. The lower border is on a level with the iliac crest. This mass is somewhat tender. There was no fever. The urine was pale yellow, specific gravity 1,016, acid, albumin 1-10 by bulk. A few pus cells were found microscopically. On the 15th of September, 1906, he was operated on under chloroform with the idea that he was suffering from gall stones. A vertical incision 7 inches long through the outer border of the right rectus was made. He was found to have a retro-peritoneal tumor evidently of renal origin. After splitting the overlying peritoneum the tumor was enucleated without much difficulty. The pedicle, consisting of ureter and blood vessel, which came off from the lower third of the tumor, was ligated en masse with silk. A degenerated cystic portion of the tumor ruptured during removal and a handful of yellow, cheesy material was extruded. The vermiform appendix was removed, as it presented a mass at its tip. The large cavity left after removal of the tumor was drained with gauze through the abdominal wound, which was closed with through-and-through sutures of silk worm gut. He recovered from the operation and left the hospital October 22, 1906, with a discharging sinus. By the 2d of November there had returned in the wound another tumor which was discharging freely a foul-smelling fluid, strongly fecal in odor. With this there was at times bleeding. His physical condition had markedly deteriorated. He died on the 30th of November, 1906, of progressive exhaustion and intestinal obstruction due to secondary growth. The kidney tumor was about 12 inches long, 6 inches wide, 5 inches thick and was reniform in shape. It was nodular on the surface and on section was made up of large and small round yellow masses cheesy in character. Between these masses there was pale pink tissue whose structure did not resemble that of kidney tissue. The pelvis of the kidney was dilated. The vermiform appendix was dumb-bell in shape, about 4 inches long, and its tip was occupied by an oval mass, yellow in color, of the same character as that of the renal growth. Dr. Allen reported that the tumor was a carcinoma of the kidney with secondary growth in the appendix.

IV. CALCULUS DISEASE OF THE KIDNEY.

Case VII.—Stone in the pelvis of the kidney; pyelotomy. Recovery.

Francis B., a white male, single, aged 22, a laborer by occupation, was referred to me March 28, 1907, by the late Dr. F. V. Cantwell, complaining of pain in the left loin. His family history was negative, and his personal history was that of a heavy meat eater.

Present illness: Seven years ago he had an attack of hematuria which lasted one week. His physician, Dr. Gilbert, of Bordentown, stated that the hemorrhage was quite severe. Shortly after this he began to have dull aching pain in the back and left side, much aggravated by work, exertion and by jarring. The pain was worse during the winter and left him in the spring, only to return with the onset of cold weather. Pressure over the pain region seemed to relieve him. During the last six months he has never been free from the pain. He has never had any attack of renal colic nor has he ever passed any gravel. Present condition: A poorly nourished, anxious-looking young man.

Physical Examination—Heart sounds quite loud. Mitral systolic murmur transmitted to the left axilla. Apex beat displaced down and to the left. A few mucous rales at the right base of the chest. Examination of the left kidney region is negative except for some tenderness on deep pressure. A skiagraph made by Dr. William M. Sweet, on March 19, 1907, gave a shadow ¾x½ inch in the situation of the left kidney. The urine was cloudy, amber colored, alkaline, specific gravity 1,010, contained no albumin but a few red blood cells and crystals of calcium oxalate and phosphates. On March 30, 1907, under ether, the left kidney was exposed by an oblique incision and delivered out on the back with some difficulty, owing to the high position of the organ. A hard body was felt in the middle of the pelvis which was opened by an incision at a right angle to the organ and a stone triangular in shape ⅞x⅞ inches was extracted with forceps. It weighed 54 grains. The wound in the pelvis was closed with cat gut sutures and the kidney returned to its bed with a gauze drain leading down to the site of the pelvic incision. The wound was closed with cat gut and silk worm gut. Time of operation, 37 minutes. The patient recovered, the convalescence being marred

somewhat by an attack of pneumonia, and left the hospital April 22, 1907. At present he continues well.

Case VIII.—Calculus in pelvis of the kidney; pyelotomy. Recovery.

Mrs. Mamie B., a married woman, aged 36, white, native of the United States, was referred to Dr. W. J. Harman, November 3, 1908, for the relief of persistent hematuria. Her family history showed that a maternal grandmother died of cancer of the breast. The patient bore one child thirteen years ago, since which time she has suffered from frequent and painful urination. Present trouble: Six years ago she had her first attack of pain in the upper left side of the abdomen which was so severe as to cause her to roll on the floor. For a time following this there was a swelling in this region. She has had, in all, eight attacks of this character. They were usually followed by the passage of considerable sandy material, whitish in color. Several hours after the attack passes off she voids a large quantity of urine. During the attack there would be a great urgency but none would pass. Three years ago she began to pass blood in the urine and at times short dark clots. Free blood appears mostly when she is active on her feet. The appearance of blood in the urine is variable; for example, the morning urine would be bloody and in the afternoon it would be quite clear. The bleeding has been more or less continuous during the past year, but she has had one period of six weeks without hematuria. The frequency of urination is most severe during the day, but she has to get up two or three times at night. She has passed a great deal of calculus material steadily during the whole period of her illness. Present condition: Tall, well-nourished woman of good color.

Physical Examination—Considerable tenderness in the line of the left ureter, but neither kidney is palpable. The urine is amber colored, with a slight tinge of red, specific gravity 1,008, albumin 1-10 by bulk, and contains blood and pus cells, urates, and much bladder epithelium. Cystoscopy: The bladder easily filled, sphincter is thick and corrugated, trigone quite red and swollen, ureter mouths both oval and the urine escapes freely and often from both orifices. A skiagraph made by Dr. William M. Sweet disclosed the presence of an oval calculus in the left kidney region the size of a pigeon's egg.

Operation—November 12, 1908. The left kidney was exposed by an oblique incision 12 c.m. long. The organ was easily delivered out on the back, it was 10 c.m. long and the pelvis was somewhat dilated. An incision 4 c.m. long was made in the pelvis in the transverse axis of the kidney and a yellow oval stone 4x2½x1 c.m. and weighing 7.5 grams (102½ grains) was removed with forceps. A fair amount of clear urine escaped from the pelvis. Rather free bleeding from the pelvic wall was controlled by catgut ligatures. The wound in the pelvis was closed by catgut sutures. The kidney was replaced with a gauze drain leading down to the suture line. The wound was closed with catgut and silk worm gut sutures. Her convalescence was interrupted by considerable bleeding around the kidney and much hematuria for about five days. The bleeding ceased on removal of the drain. She left the hospital December 5, 1908, with a small sinus which closed in about ten days. At the present writing she is in excellent health. For a short time after the operation she continued to pass some sandy material in her urine.

Case IX.—Calculus hydronephrosis; nephrectomy. Recovery.

Mrs. Mary K., white, aged 43, married, native of the United States. Was first seen July 31, 1903, suffering from an acute pain over the left abdomen and back, radiating down toward the groin and external genitals. The pain was of a severe knife-like cutting character causing her to cry out in agony. The pulse was small, feeble and frequent, 136; the skin was covered with sweat and was cold and clammy to the touch. She obtained prompt relief from a hypodermic of morphin and atropin. Her history is as follows: For the past six or eight years has had a dull pain over the left kidney and was thought to be suffering from floating kidney. A few days previous to my visit while reaching up to hang clothes on a wash line she was seized with a severe pain in the left side, which subsided in about half an hour. No blood, pus or albumin was found in the urine passed after the attack in which I saw her. By August 6th she had had several attacks similar to the one described.

She is a thin, spare brunette, always has had good health, has never borne children, menses regular and she is lively in disposition. On physical examination nothing could be developed beyond the fact that the left kidney was tender on deep pressure and its lower pole could be felt just below the costal margin. In view of the recurrent

attacks of colic the diagnosis of renal stone was made and operation advised and accepted.

Operation—August 7, 1904, at 11 A. M. Under ether, the kidney was exposed by an oblique incision 7 inches long. It was found to be 8 inches long, about 3 inches wide and its lower half was transformed into a large loculated cyst. An opening was made in the cyst which communicated with a greatly dilated pelvis. The calices were also dilated and a branched calculus was found firmly embedded in the pelvis while a smaller one, which was evidently a broken branch of the larger one, was found blocking up the ureteral orifice. This evidently had been broken off by muscular strain while hanging her wash and was the cause of her attack of pain. The organ evidently being useless, was removed by tying off the ureter and the vessels with individual ligatures and an aberrant vein in the depth of the wound, bleeding freely, was caught with a forceps, which was left on. A small gauze drain was passed through the bottom of the wound which was closed with silk worm gut sutures. Time of operation, 40 minutes. Pulse 96. She made a good recovery, the urine being quite scant for a few days, the forceps being removed on the fifth day. She left the hospital September 1st and has continued well to the present time—June, 1910.

Pathological Examination—June 15, 1910, specimen in formalin. Specimen, a nephrectomized left kidney with calculi preserved in formalin; specimen bleached out by preservation. The kidney is slightly below medium size, it measures 9 c.m. in length, 4 c.m. in width and weighs 115 grams. At the lower pole is a large cyst measuring 5 c.m. in diameter and is about one-quarter the size of the entire kidney. The walls of the cyst consist in the much stretched and thinned out kidney substance; from the manner in which the cavity connects with the pelvis the cyst probably represents a greatly dilated infundibulus. The external surface of the kidney denuded of capsule is finely granular and faintly lobed. The external surface of the cyst wall is deeply pitted and very uneven. The pelvis and ureter are missing. On incision the entire thickness of the kidney substance from external surface to hilum measures only 1.5 c.m. by reason of great dilatation of infundibuli. The markings are indistinct and the cortex is but 2 and 3 m.m. thick. The greater part of the kidney is occupied by large symmetrical cavities the walls of which are smooth and formed by the walls of the infundibuli; the cavities themselves being the dilated infundibular spaces. Five separate spaces are evident, not including the cavity of the cyst, which probably includes two infundibuli. Each measures 2 and 3 c.m. in diameter, the entire central cavity including the cyst making a cavity about 8.5x3 c.m. The inner surface of the cyst walls are rough and shaggy; they are about 1 or 2 m.m. thick. Occupying one of the dilated infundibuli is a thick, black colored, very hard, branched calculus of irregular shape and about 2x1 c.m. in size. It has several fairly sharp projections and at one point is a projection .5 c.m. in diameter which presents a roughened irregular sharp extremity which suggests a point of fracture. A second smaller calculus 8 m.m. in size accompanies the specimen (said to have occupied the pelvis or ureter). It has sharp corners and edges. The two calculi together weigh 5 grams. In the entire kidney there is no indication of pus formation; there is no erosion of the infundibular walls or miliary abscesses in the kidney substance. Sections are taken through the cortex and pyramids.

Microscopic Examination—Examination of the sections is unsatisfactory by reason of prolonged preservation in formalin. No cellular details are distinguishable. The connective tissue, however, can be seen to be overgrown. There is a quite perceptible degree of interstitial overgrowth both about Bowman's capsule and between the convoluted tubules of the cortex. The condition is that of a fairly advanced chronic interstitial nephritis (atrophy).

Diagnosis—Nephrolithiasis; hydronephrosis; chronic interstitial nephritis.

Signed, F. S. Hammond.

Case X.—Calculus pyonephrosis; nephrectomy. Recovery.

John P., a German Pole, aged 21, married, and a brass worker by occupation. Was admitted to St. Francis Hospital April 28, 1909. His family history is negative. His personal history is as follows: At the age of eight was cut for stone in the bladder by the perineal route. One year ago had an attack of left-sided renal colic lasting four days, when the stone, which was of the size of an apple seed, was extracted from the urethra where it had lodged. A few months later he had an attack of right-sided pain. Five years ago he had an urethral discharge lasting a few days, for which he was circumcised.

Present trouble: Last August began to suffer with right-sided upper abdominal pain, which ran around to the back and down toward the bladder. The urine was cloudy and at the same time he began to suffer from frequent urination. This increased to such an extent that he voided thirteen times daily and six times at night. He had no difficulty to retain the urine, the frequency being due to the large quantity he voided. He had no pain at the end of the penis. For the past three months the urine has been very cloudy and of a bad odor. He has had several attacks of chills and fever lasting a few hours during the past few weeks.

Present condition: Short, pale, well-nourished young man whose chief complaint is right renal pain and frequent urination.

Physical Examination—Heart and lungs negative. Genito-urinary organs: Penis large, meatus ragged and scarred, number 19 F passes fossa navicularis with some difficulty (stricture); at six c.m. further resistance. Testicles normal, and no induration in the prostate on rectal examination. Cystoscopy: Bladder contains 300 c.c. of fluid without distress. Bladder walls roughened, vessels obscured, ureteral orifices not seen, bladder neck swollen and corrugated. In the right upper abdomen there is a palpable mass which extends 4 c m. below the costal margin, this is fairly tender. The evening following the examination he had a chill which was followed by a sweat. A skiagraph made by Dr. Charles H. Holcombe on April 29, 1909, developed four shadows in the right renal region. Cystoscopy on April 30, 1909, at 4 P. M. Left ureter normal, oval opening. Right ureter mouth larger than the left, swollen and emits much cloudy fluid containing pus flakes. The trigone about the right ureter is red and vascularized and a suspicion of ulceration exists about the opening. A 4 per cent. solution of indigo carmine was injected into the buttock and within 10 minutes it was strongly eliminated from the left side. No color was gotten from the right at the end of 45 minutes. The urine is very cloudy with thick sediment of white flocculent purulent material, feebly acid, specific gravity 1,006, contains albumin 1-6 by bulk, pus cells, leucocytes and bladder epithelium. The mass in the right renal region is larger and extends down to the pelvic brim.

Operation—May 3, 1909; nephrectomy. Olique incision 14 c.m. long in the right loin. The perirenal fat thickened, dense and yellow and adherent to the enlarged kidney. The kidney was easily removed and consisted of a large bag-like structure full of stones. The ureter was tied off low down with silk and the stump was cauterized with carbolic acid. The renal vessels were tied with silk. The wound was drained with two rubber tubes and closed with catgut and silk worm gut sutures. Time of operation 35 minutes. He made a prompt recovery, leaving the hospital sixteen days after operation.

Note: On the 29th of October, 1909, he reports that he has been suffering with obstruction in urination. This morning the obstruction is complete and a stone is caught in the urethra behind the fossa navicularis. With an alligator forceps a triangular concretion the size of a pea was removed, on cystoscopy the bladder is fairly normal, the right ureter mouth is very pale, motionless. The left is an irregular hole and looks as if something had recently passed through it. It is dilated. The urine is clear, acid and contains a few pus flakes, otherwise negative. The patient is at present in pretty good health.

The pathological examination under the date of May 4th is as follows: Specimen an excised greatly altered kidney. The external convex surface is irregularly divided by a number of distinct lobulations which stand prominently above the surface and are separated from one another by well-marked, groove-like depressions. There is also a small subcapsular cyst and a mechanical laceration at one pole. The kidney measures 13x7 c.m. and in the fresh state weighs 270 grams. On palpation there is a distinct gritty crepitus and to the touch the specimen gives the impression of a thick-walled sac containing a hard, dense substance. When incised longitudinally there is seen a striking destruction of the kidney substance and the internal structure of the entire organ is so greatly altered that there is practically none of the usual characteristics recognizable. Occupying the usual position of the pyramids and medullary portions of the organ are ten relatively large cavities, oval, round, or irregular in outline which correspond to the infundibuli and communicate directly with the renal pelvis which is greatly dilated. In size they vary from 1x1.5x2 c.c. The cavity walls are formed by the altered renal tissue, and while irregular are for the most part smooth and tough. They are moderately injected, but are not eroded or ulcerated. Occupypying the cavities and renal pelvis are a

number of calculi of varying sizes and shapes. Together they weigh 50 grams. All are extremely irregular in shape and the largest, which weighs 20 grams and occupies the pelvis and extends into a number of the infundibuli, is typically branched and dendritic in form. The other calculi are smaller and somewhat less branched than the largest, but all are very irregular in outline and correspond roughly in shape to the cavities which they occupy. They are all hard and stony in consistency, but small grain-like particles are readily scraped from their surface. In color they vary from white or grey to deep brownish yellow or black, the darker colors predominating. When one is sawn across, the centre is formed by a dark brown nucleus surrounding which are concentric zones of grayish and yellow colors, while the outermost layer of the deposit is white. Chemically they consist chiefly in uric acid or urates with a small proportion of phosphates chiefly forming the surface deposit. The cortex and the small remaining portions of the kidney tissue is leathery and very friable, it is pale in color and the usual markings are entirely lost. From the microscopic examination alone the organ is apparently incapable of function.

Microscopical Examination—Sections taken from various areas of the remaining cortical tissue are practically identical in appearance wherever examined. There is everywhere a striking alteration and destruction of the various renal elements. The usual appearance of the glomeruli and tubules has practically disappeared, and the greater part of the entire cortex has been replaced by a homogeneous hyaline-like connective tissue in which but an occasional nucleus or other morphological element is seen. Infrequently in the better preserved portions of some of the sections the remnants of a Malphigian tuft or tubule is seen, but in these the cells are in an advanced stage of granular atrophy and disintegration. The few remaining tubules are filled with granular and amorphous material and hyaline casts. The vessels show a well-marked thickening and hyaline transformation of their walls and are few in number. There are no microscopic fields found in any of the sections in which there is any noteworthy preservation of the secreting elements of the organ.

Diagnosis—Nephrolithiasis with complete degeneration of the parenchymatous tissue.

Signed, F. S. Hammond.

In conclusion a few remarks on the technique followed in the operations detailed, might be of interest. Where there was time, the patient was encouraged to drink freely of water, the bowels were emptied with fractional doses of calomel or castor oil. The urine was examined thoroughly chemically and microscopically and the presence of blood and other abnormal elements noted. The urea per cent. was estimated. The bladder was cystoscoped and a solution of .4 per cent indigo-carmine was injected into the buttock and the time of appearance of blue spurts from the ureters noted. This injection has been of considerable service in giving us an index of the functional value of the kidneys. The skin preparation of our cases has been of two kinds, the first being the usual hot water and soap, alcohol and 1 to 1,000 solution of bichloride; the second, the iodine method, which consisted in painting the operative area with an 8 per cent. solution of iodine crystals in 95 per cent. alcohol. This is applied twice just before operation and covered with a sterile dressing. Both methods have been satisfactory. The kidney has usually been exposed by an incision beginning at the outer border of the erector spinæ muscle 2 cm. below the last rib. It runs downward and forward parallel with the last rib toward the inner side of the anterior superior spine of the ilium. If necessary to secure room the incision is made to the outer border of the rectus. The perirenal fat is either torn through or removed with the diseased organ when necessary, as in malignant disease or severe perinephritis. In removal of the kidney the ureter is tied off as low down as possible with chromic catgut and the stump sterilized with carbolic acid and alcohol. The vessels are usually tied with silk. When the pelvis of the kidney has been opened the wound has usually been closed with plain catgut interrupted sutures and a cigarette drain placed down to the suture line. No leakage has been noted where this was done. In nephrectomy the wound has usually been drained with gauze or rubber tubes. I confess to a preference for the latter. The wound is closed with chromic catgut for the deep layer and interrupted silk worm gut sutures which are removed on the tenth day. The drain comes out on the third day and is not replaced. The patient is usually permitted to drink freely of water after the operation, and where the urinary secretion is deficient spartein sulphate, grains 2, hypodermically, is given every three hours after the method of Stuart McGuire. I have

nothing but praise for this valuable resource. It has served me well in a number of instances. The patients are gotten out of bed on the tenth day and are discharged in the third week. The results of renal surgery for other than malignant disease have been uniformly good; all of the former are still living and in good health.

I am under the deepest obligation to Drs. Henry A. Cotton and F. S. Hammond, of the New Jersey State Hospital, for placing the laboratory at my disposal for the examination and preservation of the pathological specimens secured from these operations.

CONTRIBUTION TO STOMACH SURGERY.*

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The most gratifying and brilliant results of surgery to-day are obtained by operative interference for non-malignant affections of the stomach, particularly chronic affections of the stomach; and by the term stomach we include that portion of the duodenum above the opening of the common duct, which is subject to similar affections as the stomach proper.

To me there has been nothing so satisfying as to have patients, many of them sufferers for years, suddenly restored to health — pain disappearing immediately, with no further necessity of paying any attention to the kind or quality of food ingested, bowels moving regularly and vomiting ceasing, and the perfect assimilation of food, bringing the patient to full weight again.

Stomach surgery is still a new enterprise, but I firmly believe that gastric disorders, especially chronic disorders, will be subjected to surgical consideration on a par with cholelithiasis and appendicitis, and the instances where patients will allow themselves to drag out miserable existences, and their condition go unrecognized, compromising on chronic dyspepsia or neurasthenia, will grow fewer as years go on, and the large dilated stomach will be as rare as the large ovarian tumor.

When dealing with the diagnosis of digestive diseases in general, we are confronted with a complex problem, to solve which our surgical recourse is often but feebly supported by clinical observation, and in consequence mistaken diagnoses will abound. We find a reason for this when we consider for a moment the intimate anatomical relation between the stomach, pylorus, duodenum, bile and pancreatic ducts; each may give symptoms independent or interdependent, easy or difficult of solution. It is this area or zone which is particularly liable to destructive inflammatory processes; acute and chronic—the diagnosis of which, as well as of the dependent sequelæ of the chronic involvement, together with the surgical remedial interference, will be considered in the review of the following cases, fifteen in all, which have come under my observation up to the present time (April 1, 1910).

Of the lesions giving rise to digestive disorders, ulcer of the stomach and duodenum is as important as any. From a surgical standpoint the acute ulcer holds a subordinate place to the chronic ulcer. Pain on eating may be the only symptom of acute ulcer; with it may be associated localized tenderness in the epigastrium, a significant point if constant; vomiting, also a significant point if constantly associated with eating; and hemorrhage. Often the patient learns to abstain from food, or certain kinds of food, because with it, the pain increases, and by abstaining for a few days, healing takes place spontaneously. Again there may have been gastric distress for days, or the patient's first knowledge of trouble is a sudden alarming hemorrhage, or an agonizing pain in the epigastrium. "If a hemorrhage is all there is to it, the affair will usually take care of itself with rest and fasting. People rarely die from these acute ulcer hemorrhages, and operations are not immediately advisable."—Mumford. Pain is a far more serious symptom, especially when it is sudden and severe; this may occur during a period of apparently excellent health and often after partaking of a hearty meal. It often means perforation, and associated with rapid pulse, subnormal temperature, collapse. In this class of cases we must operate and operate quickly. The following is the history of a case mistaken for a ruptured ulcer of the stomach:

Patient, a man seventy-eight years old, apparently in perfect health. Previous history negative, habits exemplary; was suddenly taken ill after eating an oyster stew. In fact, the day before he pro-

*Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 29, 1910.

claimed himself as never having felt better in his life. The onset of his illness occurred half an hour after eating the oyster stew, and was fulminating in character. His pulse was very rapid, weak and irregular—he was cyanosed, cold and clammy, and felt as though he had been struck. There was severe pain in the epigastrium, followed by vomiting. He was at once sent to the hospital, and on arriving had rallied considerably, with normal pulse and temperature. He engaged in general conversation and seemed no longer self-centered. During the night his bowels moved copiously from injections, and he had vomited considerably. The vomitus contained the oyster stew, but kept on with an ordinary water brash and retching. He had no sleep during the entire night. He hiccoughed some, and had an oppressive feeling over the entire abdomen, especially over the region of the stomach. He was slightly jaundiced. His temperature was 100, pulse 100, respiration 22—this at 8 A. M. By 3 P. M. his temperature was 101, pulse 124, respiration 36. The last vomit contained "coffee ground" blood, and since the evacuation due to injection, nothing had passed, not even flatus. At this time a diagnosis of perforated ulcer of stomach was made and he was accordingly prepared for operation. In making the examination of the abdomen, he was found tender all over. There was no special tenderness over the gall bladder or region of the appendix, bladder, kidney or liver region, but there was exquisite tenderness over the stomach region, for a distance of three fingers midway between the umbilicus and sternum. This pain was a deep-seated pain, but was not referred to the back, and it was for this reason that hemorrhagic pancreatitis was ruled out, and the diagnosis of perforating ulcer of the stomach was made. The elevation in temperature and pulse rate were regarded as being indicative of beginning peritonitis. On administering the anæsthetic he became cyanosed and his heart's action became so poor that the operation was abandoned. During the anæsthetic he vomited large quantities of "coffee ground" blood. He did not rally and died within two hours. The autopsy revealed extensive hemorrhagic pancreatitis.

Ordinarily, if the symptoms persist or recur, and when rest and fasting or restricted or rectal feeding prove of no avail, the case should be treated surgically.

The following is a history of a case of this class: F. W., twenty-one years old, single, a solderer, walked into the hospital October 5, 1908. Appetite was always good up to the time of his present illness, but bowels were habitually constipated—patient says up to sixteen days prior to admission he was absolutely well. Then, while overheated, he drank three glasses of ice cream soda. About an hour later he became nauseated, but did not vomit. He retained this nauseous feeling until the following morning, when he vomited a small quantity of sour brownish material which, he says, contained no blood. After vomiting the feeling of nausea diminished, but did not entirely disappear.

The following morning patient went to work as usual, after eating a moderate breakfast. At noon he ate his regular dinner and about one and a half hours later was seized with vomiting. This vomiting was spontaneous in character and unaccompanied by nausea. During the next two days he vomited in a similar manner after each meal, the length of time he retained the food depending upon the amount he had eaten. The next day, half an hour after his dinner, he felt a sudden pain, sharp and intermittent in character, across the anterior aspect of thorax at level of fourth interspace and in the epigastrium. A half hour later he vomited, after which the pain abated, but returned in a few hours. He went home and applied a mustard plaster to epigastrium which gave a slight temporary relief. For the following three days patient's condition remained the same, with pain and vomiting following each meal. In none of these attacks of vomiting was there any blood, the patient gives no history of blood in stools. The following day, one week from beginning of illness, patient consulted a doctor, who examined him and prescribed for him. The medicine eased the pain, but vomiting continued. He continued at work all the following week with practically no change in his condition; at the end of the week, fifteenth day of illness, pain suddenly became worse and patient was forced to go to bed. Next day his physician ordered him to the hospital, sixteenth day of illness.

He was sent to the medical ward. The diagnosis of ulcer of the stomach was made and he was given the following treatment: Absolute rest in bed; absolutely nothing to eat; ice cap to epigastrium one-half out of every hour; one grain silver nitrate twice a day in one ounce of water, and grains xxx bismuth subnitrate every night; rectal nutrient enemata every four

hours, consisting of white of two eggs, one-half ounce whiskey, six ounces peptonized milk. The enemata were always preceded by a saline enema to cleanse lower bowel.

October 7, 1908, the examination of stomach contents showed: Total acidity, 48; free H. Cl., 0, absent; loosely combined H. Cl, 16; combined H. Cl., 32; acids, salts and organic acids, 16; lactic acid present in large amounts.

Microscopic Examination—Numerous red blood cells; large amount of mucus; epithelial cells; starch granules, no Boas Oppler bacilli; urine, trace of albumin and many red cells; blood, white cells, 15,200; temperature 99, pulse, 80; respiration 20.

He did not improve under medical treatment and was transferred to the surgical side for operation, which was performed October 17, 1908. The stomach was found normal in size, on the posterior wall close to the pylorus and encroaching the greater curvature was an indurated area, size of a quarter, to which was adherent the omentum and an exudation of lymph. A posterior gastro-jejunostomy was done. He made an uneventful recovery. He has resumed his work and continued uninterruptedly ever since. He has regained his full weight.

To show how much a patient may suffer, and go on unrecognized as to the cause of his suffering, I will ask your attention to the following history:

G. F. G., single, thirty-two years old, undertaker by occupation, operated on November 21, 1908. Six years ago he began with dull pain around the region of the umbilicus, not severe, simply a heaviness such as one experiences after overeating. This fulness continued for several days and disappeared spontaneously. Medical treatment was of no avail. Six months later a similar attack—involving the same region—took place, more severe in character and longer in duration. From that time to the time of operation the attacks occurred at closer intervals and grew severer in character, until they became agonizing and of long duration, practically with no cessation eventually, and the patient would writhe in agony, always involving the same region, an area within a two-inch diameter of the umbilicus. These attacks were always preceded by water brash. Throughout this period of six years medical treatment was of no avail. The patient was under the care of thirty-six different physicians, was an inmate of nine different institutions and was invariably regarded as neurasthenic. During his illness he contracted the morphine habit to the extent of taking fifty grains of morphine in twenty-four hours. His bowels were more or less constipated, appetite nil, his weight reduced from 140 to 116 pounds. I was asked to see this patient three years before he was operated upon, that is, three years after his symptoms began, and could find nothing tangible; physical examination proved negative; he made the impression of a neurasthenic upon me. I saw him subsequently, and again could not make up my mind to operate. He was at this time a confirmed morphine habitue. The third time I was asked to see him I consented to operate at the urgent request of his physician, who described his suffering as beyond human endurance. The opinion was ventured that there certainly must be a partial obstruction somewhere in the intestinal tract. Personally I had never seen him in a paroxysm.

On opening the abdomen the stomach was found moderately dilated and the pylorus stenosed. A gastro-jejunostomy was decided upon, but upon bringing up a loop of the jejunum an annular sclerosed constriction like the one at the pylorus was found at the seat selected, and on exploring the intestinal tract four similar constrictions were found throughout the small intestine. They were regarded as syphilitic and the abdomen was closed. The patient was put on heavy doses of iodide of potassium and mercurial inunctions, and made an uneventful recovery. He has regained his weight and is free from pain and attends to his business. He is not cognizant of ever having contracted syphilis, and is entirely broken of his morphine habit.

In the following case I wish to show how far from right the diagnosis was under conditions that warranted a positive diagnosis of cancer of the stomach, and justified an attempt to remove part or all of the stomach: F. S., forty-seven years old, cigarmaker, operated on November 8, 1909. Patient claims to have been well up to six months prior to his operation. His illness began with a feeling of languor, loss of appetite, and a slight pain in the epigastrium. The pain increased gradually and was more pronounced when lying on the left side. Medicine was of no avail. He went to Saratoga to drink the waters, but without benefit. He kept getting weaker. There was no marked indigestion, except loss of appetite and an indifference to food, but when taken it did not distress

him. He lost weight gradually from 150 to 125 pounds. About the middle of August, three months before his operation, he noticed a lump appearing in the epigastrium. This increased gradually and became painful to the touch. When I saw him during the last week in September he looked sick, his features were drawn and his color simulated that of cachexia. There was a swelling in the epigastric region, painful on pressure, the size of a small fist. On inflating the stomach this mass supposedly involved the lesser curvature of the stomach, the lower border of the stomach reached almost to the umbilicus. The diagnosis of cancer of the stomach was made, and as the swelling was smooth and the history of short duration, it was decided to remove it.

The operation, however, revealed the tumor to be a large gumma of the left lobe of the liver, with several smaller ones scattered throughout the liver. Under antisyphilitic treatment these cleared up, and the patient was restored to good health, with complete disappearance of the tumor. This patient had a chancre when nineteen years old which was not treated. Two analyses made of stomach contents were normal; they were disregarded. The significance of the presence of tumor cast the preponderance of evidence in favor of cancer or chronic ulcer.

Cases where the symptom complex is not typical may most easily be mistaken for cases of cholelithiasis. The following is a case in question:

Mrs. J. C., twenty-seven years old, married, one child seven years old. Since the birth of this child she had suffered with "indigestion," and chronic constipation. Sometimes she suffered with colicky pains after eating; again she could eat anything with impunity, and again would suffer with colicky pains without eating at all—quite characteristic of gall bladder trouble. Occasionally she would vomit after eating. Examination revealed marked tenderness localized over the gall bladder region. She looked anæmic, had lost flesh, had no jaundice, normal temperature and pulse rate. The urine contained traces of bile, otherwise normal. The diagnosis of cholelithiasis was made, and she was operated upon February 24, 1906. On opening the abdomen, instead of gall bladder affection, we found a moderately dilated stomach, with an ulcer at the pylorus—anterior surface—just ready to rupture through the peritoneum, and several scars over the duodenum covered with omentum. In spite of careful handling of the parts, the ulcer over the pylorus was slightly rent, and discharged a few drops of pus, so it was decided to abandon the anastomosis and cover the ulcer with omentum, resort to rectal alimentation, and subsequently do an anastomosis. For two weeks the rectal alimentation was kept up and the patient did well. She was then allowed predigested milk per mouth, and immediately vomiting set in followed by severe attacks of hematemesis. Stomach feeding was then abandoned for good and rectal alimentation again resorted to, and kept up until the patient seemed in good condition to stand another operation. This was done April 7, 1906, six weeks after her first operation. A posterior gastro-jejunostomy was made. The ulcer had healed and was firmly covered over with the adherent omentum. Her symptoms ceased, she was fed at once by mouth, she retained her food, still she grew steadily weaker, and died five days after her second operation.

History of a case which presented an acute, fatal hemorrhage, of previously unrecognized, long-standing condition. Mrs. C., thirty years old, married two years, no children, menstruated regularly. Complained of indigestion and constipation, had a pale color and was easily fatigued. I had attended her semi-occasionally as an office patient for a year, giving her mild laxatives and tonics, which apparently benefited her, when early one morning in December, 1900, I was summoned to see her because she had fainted on getting out of bed. I was told there was no hurry, as the patient was comfortable, only weak. I mention this to impress the fact that there was no pain. On my arrival I realized at once that she was suffering from a hemorrhage—a very rapid, feeble pulse and blanched expression. Shortly she passed large quantities of dark-colored blood per rectum, then vomited large quantities of dark-colored blood, followed subsequently by bright red blood.

These hemorrhages extended over a period of eight days, when the patient died. They were numerous and several were alarmingly profuse, so profuse, in fact, that any one seemed to me sufficiently severe to cause death. Under similar conditions I would now urge an operation, yet at that time—ten years ago—because of my inexperience in this kind of work, and being unable to definitely locate the bleeding point, I refrained from operating. I feel confident that this was a case of ulcer of

the duodenum which had eroded a blood vessel. An autopsy was not permitted.

A case with chronic multiple ulcers of the stomach, with numerous hemorrhages. A. H., forty-three years old, with a history of dissipation extending over many years, had suffered with attacks of indigestion for three years past. Up to three months prior to his operation these attacks of indigestion were amenable to treatment. During the past three months the attacks became severer, treatment was of no avail, and in consequence the patient changed physicians frequently. He could eat nothing lately but what would cause excruciating pain followed by vomiting. During one of these paroxysms he vomited a large amount of bright red blood which prostrated him completely. He rallied from the effects of the hemorrhage, but remained very pale and feeble and had a rapid pulse. He was allowed small pieces of ice, iced milk and cold broths; within a week he had another severe hemorrhage; he was in shock, clammy, extremely pale and so feeble that he spoke in a whisper with difficulty. The diagnosis of hemorrhage from chronic ulcer of the stomach was made and an immediate operation suggested, which was refused. The next day he had rallied and had passed a large quantity of blood per rectum. His pulse was of fair quality and his voice much stronger. This was on a Monday. He now stipulated a condition, that if he did not improve markedly by the following Friday he would consent to an operation. On Thursday, however, he had another severe hemorrhage which rendered his condition most critical and operation was postponed until he had rallied again—two days later—when a posterior gastro-jejunostomy was made. A number of scars were found around the pyloris portion of the stomach and its lesser curvature, of different stages of cicatrization, and the pylorus was stenosed. He stood the operation very well, no intravenous injection was necessary; he was given liquids as soon as he came out of ether, there was no vomiting, and he promised to do well, no pain and no further hemorrhage. On the third day after operation, however, he developed a pneumonia, which caused his death.

Dilitation of the stomach is the condition most commonly found as the sequel of the cicatrization of ulcer about the pylorus, and it is usually a late manifestation. Mumford gives a classic description from which I have culled the following, which forms a composite picture of my several cases of this class. These patients have complained of disordered digestion for years, some as far back as they can remember. They have spells of distress, sometimes after taking food, sometimes relieved by food. There may be sour eructations, belching of foul smelling gas, often vomiting of food or large quantities of fetid water. Pain frequently precedes the attacks of vomiting. There may be temporary relief due to diet or drugs. Sometimes there is complete relief from discomfort in the interim, sometimes a constant sense of dull epigastric distress necessitating careful dieting, often leading to abandonment of hard work and even compelling a semi-invalid life. The attending physician has run the gamut, regulated diet, prescribed antacides, anti-fermentatives, stomachics, cathartics, practiced lavage with more or less benefit, and finally has referred the patient to a specialist or hospital. With the continuance of the dilatation, gastroptosis may be associated and the attacks of distress become more frequent, even constant. The patient grows languid, weak and emaciated, losing twenty to fifty pounds or more. He becomes fretful and anxious and is often regarded as a confirmed neurasthenic. At this stage he has usually abandoned all solid food and whatever is eaten is taken with dread. There may be associated a constant unquenchable thirst. Whatever is ingested is vomited. The vomitus is foul and may contain particles of food ingested days before. Chronic constipation is most always present. Often there is headache and insomnia. The skin is shrivelled, dry and pale, the expression becomes anxious, pinched and worn. The abdomen becomes emaciated, concave or tympanitic, emitting often splashing sounds when percussed and peristaltic movements may be noted. These are usually active from left to right; occasionally antiperistalsis may be seen.

Such was the picture presented by each of the remaining eight (8) cases. Each gives a history dating back from two years to as long as they can remember. Each had been under medical treatment with only transitory relief at best, and each had dwindled to a deplorable state of health and consented to operative interference as a last resort.

A. W., single, twenty-seven years old, cook. Her symptoms began two years ago, with pain in the epigastric region after eating. She said that if she does not eat she has no pain. She did not vomit; lately

she was forced to restrict herself to liquid food, solid food invariably caused intense pain in the epigastric region. She was habitually constipated. She had lost weight considerably.

She was admitted to the medical ward. Physical examination revealed an area in the epigastric region extending also over the upper portion of the right rectus, painful on pressure and constant in location and severity. The urine contained traces of albumin and sodium oxalate crystals. Stomach contents examined showed retarded digestion. The diagnosis of gastric ulcer was made, and as medical treatment did not benefit her she was transferred to the surgical ward for operation, which was done November 6, 1909. The stomach was about normal in size. The pylorus and upper portion of the duodenum were covered with inflammatory adhesions and omentum. On ligating and separating these, scars about the anterior surfaces of pylorus and duodenum became evident. The pylorus was much thickened but only slightly stenosed, as it admitted the tip of the little finger, on attempting to invaginate a portion of the stomach fold through its opening. A posterior gastro-jejunostomy was made. The patient had an uneventful convalescence, enjoyed a mixed diet, and was discharged December 6, 1909. She continued well until February 1st, when she was again troubled with indigestion, which grew rapidly worse until the last week in February, when she said that solid food distressed her quite as much as it had done before her operation, and her symptoms were made more distressing by the addition of prolonged attacks of belching. All in all, she was discouraged, and her constipation was as pronounced as ever. I prescribed rhubarb and soda for her and strongly urged that if she did not improve to return to the hospital for a rest cure, thinking she might have resumed her work too soon, and that she was suffering from post-operative neurosis, and should she not get the relief hoped for, to subject herself to another operation. My reasoning was this, that the stenosis at the pylorus being only a slight one, food would find its way through the duodenum, in spite of the large opening into the jejunum and so start up a mild form of vicious circle. My object was to drain this loop by a secondary anastomosis. This state of affairs is not uncommon in cases where the stenosis is only a slight one and a secondary anastomosis is recommended.

Not hearing from the patient again, I called upon her mistress and was told that she had fully recovered and that she now eats more than any one else in her household. In this class of cases with incomplete stenosis I consider the Finney operation preferable to a post-gastro-jejunostomy, and would resort to it under similar conditions in the future.

R. F., single, twenty-two and a half years old, admitted January 15th, operated on January 18th, discharged February 15th, 1910. Her symptoms began with vomiting three years prior to her operation. At first certain kinds of food seemed to disagree with her. They would cause distress, indigestion and then vomiting, after which she was relieved for the time being; gradually one thing after another would cause the same chain of symptoms—pain, distress, nausea, vomiting, finally even liquids would cause the same symptoms. She lost weight from 120 to 97 pounds; for a year prior to operation the attacks of vomiting were always associated with severe pain over the entire liver region as though the entire organ were being compressed. The vomitus was always bilious, dark or light green, accompanied with severe headache. Blood was never noticed. The pain was invariably relieved after vomiting. Physical examination: Liver extended a little below free border of ribs and was sensitive, marked tenderness on pressure over the upper portion of the right rectus muscle. On inflating the stomach it was tympanitic to the umbilicus. Diagnosis: Stenosis of pylorus with dilatation. Operation showed a typical hour-glass contraction of stomach. The contracture was at the second and third third of the stomach from the cardia, dividing it into two distinct parts. Along the line of constriction on the anterior aspect of the stomach many old scars could be made out very distinctly. A post-gastro-jejunostomy was made between the larger and more dependent portion of stomach and jejunum. This patient did very poorly. For four days after operation she vomited a great deal, first bright red blood and then large amounts of greenish watery vomit, and she grew so weak that her recovery was despaired of. Her pulse reached 156, temperature 102.2, respiration 32. At the end of the fourth day she expelled flatus for the first time; she at once rallied and made a rapid recovery. During her convalescence she gained one to one and a half pounds daily and she has long since reached her maximum weight.

M. D., fifty-five years old, single, operated on November 26, 1909. Illness dated back some years. Began with nausea after eating, later patient began to vomit. No matter what he would eat he would have a "sour stomach in one-half hour after." He complained of marked digestive disturbance, sour eructations, nausea, vomiting and constipation. He had been under constant medical observation—all of no avail. For the past eight months he has washed out his stomach with only transitory relief. The stomach on inflation reached four fingers below the umbilicus. The vomitus and washings of the stomach were very foul smelling, rancid and extremely advanced in fermentation, and of large amount. The vomited matter, on examination, showed:

Total acidity, 45; free H. Cl., 0; loosely combined H. Cl., 5; combined H. Cl., 40; acid salts and organic acids, 5.

Diagnosis: Stenosis of pylorus; marked dilatation of stomach. Operation revealed pylorus completely stenosed, no evidence of scars, peritoneum smooth, no adhesions, the stomach was very much dilated and the muscular coat atrophied to a thinness which exceeded that of the normal large intestine, and on opening up, preparatory to the anastomosis, the mucous membrane also was found atrophied to exceed that of the large normal intestine. The absence of outward signs of scars, the extreme dilatation of the stomach and atrophy of the mucosa and absence of free hydrochloric argue in favor of cancer of the pylorus; the smoothness of the swelling, however, and absence of glandular involvement argue in favor of ulcer. This patient, too, was immediately relieved of all symptoms, and everything in the form of nourishment agreed with him, and bowels were easily moved by enemata. On December 1st he developed pneumonia—five days after the operation—and died December 31, 1909. No autopsy was permitted.

L. P., thirty-nine years old, illness began twenty years ago with digestive disturbances, pain set in after eating, which was located somewhat to the right of the epigastrium, and was most marked after eating and would continue until patient vomited; there was a great deal of belching of gas, and then watery eructations extremely sour in taste—"everything he ate would turn sour." Eleven years ago he vomited blood, he says a large amount, this was the only time. During the past three years patient washed out his stomach three or four times each day. His appetite was nil and his bowels were very constipated. He was emaciated and looked like one in last stages of pulmonary tuberculosis; unable to work for many years, reduced to a confirmed invalid.

Examination: Patient is extremely emaciated, abdomen is concave and very flabby. Peristalsis is visible through the abdominal wall, and when abdomen is irritated the intestines became coiled in visible, hard, raised bunches in peristaltic motion. Stomach is markedly dilated—a hand's breadth below umbilicus. The vomited matter showed:

Total acidity, 55; free H. Cl., 38; loosely combined H. Cl., 45; combined H. Cl., 10; acid salts and organic salts, 7.

Microscopic examination: Absolutely no digestion, evidence of acid fermentation, excess of sarcenæ, micrococci single and in chain, yeast fungi, no Boas Oppler bacilli.

L. P., test breakfast ingested: Toast, one piece; water, eight ounces. Stomach contents removed: Toast, one ounce; water, twelve ounces.

Diagnosis: Stenosis of pylorus, marked dilatation of stomach—substantiated by operation May 25, 1909. There was almost a complete stenosis and the stomach walls were extremely thin.

This patient made an uneventful recovery and during his convalescence gained in weight at the rate of one and a half pounds a day. He has resumed work and kept at it steadily since his discharge, twenty-seven days after operation. Before his operation he weighed 97 pounds. At present time (March 20, 1910) 123½ pounds—the most he has ever weighed. He is of short stature—five feet.

W. S., sixty years old, as long as eight years ago he had attacks of waterbrash semi-occasionally, but claims to have been in ordinarily good health until two years ago. His symptoms began with digestive disturbances and pain in the epigastric region. He described his indigestion as a feeling of "compression" of the stomach after taking food, no matter how small in quantity or kind; these feelings of "compression" increased in severity and frequency. One by one the articles of food were eliminated. Constipation was pronounced. He became emaciated and lost strength. The stomach was inflated and found to extend four finger-breadths below the umbilicus. Its contents were foul and contained bacteria in profusion, excess of lactic acids, no free hydrochloric. Diag-

nosis was made of stenosis of pylorus with large dilated stomach, which was substantiated by operation May 11, 1909. There were old scars with adhesions around the pylorus and lesser curvature. A post-gastro-jejunostomy was made. All symptoms referable to the stomach ceased at once. He took more nourishment in the week following his operation than he had done in three months previous. Everything agreed with him and his bowels moved well. Nine days after the operation he developed pneumonia, which casued his death five days later, May 25, 1909.

L. D., forty-two years old, operated on February 17, 1910, discharged March 24, 1910. Three years ago patient began to suffer with indigestion. After eating she was distressed, she lost in weight and strength and her color gradually assumed a greenish yellow cast. She eliminated everything from her diet one by one, and eventually subsisted on peptonized milk and malted milk. Her bowels were constipated and when cathartics were taken she had numerous small liquid stools, which wearied her greatly and caused a distressed burning feeling in her rectum that unnerved her completely. Constipation and the distressed after-effects of a cathartic were the Scylla and Charybdis of her life. She had occasional pain over the upper portion of the right rectus—the epigastrium and right iliac fossa—these pains were not constant and never pronounced. She had been treated medically, and by the diet rest and exercise cures—all of no avail. Her assimilation of food grew weaker and she was reduced to invalidism. I was inclined to regard her symptoms as neurasthenic because they began to show themselves pronouncedly about the time she assumed the responsibility of taking care of a sick member of the family whose illness was of a lingering nature, when death may be looked for at any time and yet is interminably deferred. As everything failed I determined to look for a cause. She was reduced to 89 pounds and was starving. Her hemoglobin was reduced to fifty per cent., her blood was normal otherwise. On inflating her stomach I concluded it was normal in size, in fact I thought rather undersize—for the area from ensiform to umbilicus was but slightly resonant, whereas the area from the umbilicus down was markedly tympanitic, and here were heard splashing sounds when the abdomen was abruptly percussed, which were assigned to the colon (note the error); still I concluded there were probably sequelæ of previous ulcers in the stomach, in the form of stenosis of the pylorus or adhesions, and, since she had pain in the right iliac region, was determined also to explore that region for chronic appendicitis. In planning the operation the incision was first to be made over the appendix, whence it was to be enlarged upward according as conditions would present themselves. Accordingly, when the abdomen was opened over the appendicular region the stomach was the first thing that presented itself—down in the iliac fossa. Exploring further, the coils of the ilium in the right fossa were strongly bound down with old adhesions and matted together; in the coils the appendix was found with difficulty, reduced to a large, firm, tortuous, fibrous band. There were no adhesions of intestines elsewhere. The special location of adhesions in the right fossa at once prompted the question: Did the patient ever have typhoid fever? Continuing the search upward, the stomach and upper part of duodenum were tremendously dilated, congested and hypertrophied; in fact, the duodenum was so markedly dilated that it, together with the proximal portion of the stomach, gave the appearance of an hour-glass constriction of the stomach with the pylorus as the constricting area. Besides there was gastroptosis; the stomach had sagged to the level of the umbilicus—its lower curvature *began* at this level, hence my erroneous conclusion as to size and position of stomach during the inflation test. In consequence of this pronounced gastroptosis, dilatation and congestion, there was an artificial stenosis formed from the shear dragging down of the weight at the pylorus—the pylorus itself was patent. The tremendous hypertrophy of stomach and upper duodenum is explained by the endeavor on their part to compensate for the resistance offered below. The appendix was removed, a few adhesions severed and a posterior gastro-jejunostomy was made. The mucosa and muscularis of stomach were tremendously hypertrophied. The patient, though greatly reduced in vitality, stood the operation very well. We were ready to do an intravenous, but it was not necessary. However, as she came out of the narcosis she was seized with violent attacks of hematemesis, her temperature dropped to 96, and she was pulseless. An intravenous injection was then given. She still vomited blood a few times, though in small quantities, and she gradually rallied,

and by the third day she entered upon her period of convalescence, which continued unbroken. She eats everything, bowels require only mild cathartics, she has resumed her household duties, and gained ten pounds. Subsequent inquiry made known the fact that patient had had a protracted case of typhoid fever eight years ago, was sick three months at the time, which explains the occurrence of adhesions in the right iliac fossa and marks the beginning of all her subsequent trouble.

J. D., forty-seven years old, operated on August 2, 1909, discharged August 26, 1909. The history of this patient goes back several years. The prominent symptoms were pain after eating, located in the region of the epigastrium, which was relieved after vomiting. On two occasions he vomited blood. When the stomach was empty there was no pain. He lost gradually in flesh and strength. His voice grew very weak and had a decided laryngeal quality. This, together with his marked emaciation, gave him the appearance of a tuberculous patient. His abdomen was thin, concave, cadaveric. The stomach contents showed: Total acidity, 14; free hydrochloric acid, 2.

On inflating the stomach it extended three finger-breadths below the umbilicus and the area was tympanitic throughout. Diagnosis: Dilatation due to stenosis of pylorus, which was substantiated by operation. Evidences of scar on pylorus and lesser curvature. Post-gastro-jejunostomy was made. Patient's symptoms immediately subsided; he made an uneventful recovery. Eats and drinks what he pleases, and fills a responsible business position.

M. P., fifty-eight years old, symptoms began twenty years ago, with pain after eating. At first this was simply a feeling of discomfort in the region of the stomach after eating. This feeling developed into pain, which varied in intensity and duration according to the amount and kind of food ingested. As time went on one article of food after another was eliminated, and the patient lost markedly in flesh and endurance. The diet was finally reduced to liquids. The same chain of symptoms have continued. There was added a feeling of nausea and later he vomited whatever was ingested and felt relief for the time being. On one occasion he vomited a large amount of bright red blood. He felt so much better after vomiting that he was prompted to wash out his stomach as soon as the pain began after eating. This procedure was kept up for several months with only transitory relief. He was emaciated by this time to a mere skeleton. On four occasions he passed a large amount of dark-colored blood per rectum. During the paroxysms of pain, the pain was referred to the entire liver region and radiated to the back. He was habitually constipated. All in all, he was reduced to a deplorable condition. This was in March, 1900—ten years after the first symptoms. He consented to be operated upon, which was done by Dr. E. J. Ill, March 30, 1900. The pylorus was markedly stenosed and firmly bound down by old adhesions. An anastomosis was established between the duodenum and anterior surface of the stomach near the pylorus by means of the Murphy button. The patient tells me he passed the button on the fifth day after operation. Convalescence started at once. Shortly after his operation he ate everything and he soon regained his old-time health and vigor and his weight exceeded all previous records. He lived in absolute health and comfort for seven years after the operation, when one by one his symptoms of stenosis of the pylorus returned: pain after eating, vomiting, elimination of all solid foods, rapid emaciation with loss of strength. He urgently sought a second operation, which I did March 18, 1909; posterior gastro-jejunostomy, with a very large opening. The previous anastomosis could be made out and manifested itself by strong adhesions between the duodenum and stomach, though the opening had nearly closed. The stomach was moderately dilated. He made an uneventful recovery and is now perfectly well, eating everything.

After a careful scrutiny of the previous histories, deductions may be drawn which, when compared with the works of authorities in similar lines of work, lead to the establishment of well-conceded facts and certain strong conjectures; facts and conjectures which, if heeded, may go a great way in directing a proper course of procedure, and allowing certain prognostic inferences.

So it will be noted that cases of acute ulcer are seen most commonly in young women, the proportion of women to men is as three to one. Chronic ulcers are seen more commonly in men than in women, the proportion being three to one. Acute ulcers in women occur most commonly between the ages of twenty to thirty. Chronic ulcers in men between the ages of thirty to fifty.

The situation of ulcers is most commonly in the lesser curvature of the stomach and in the region of the pylorus—that portion of the pylorus nearest the bile ducts. Duodenal ulcers conform to the same classification of acute and chronic, age and sex, though they seem to be less common than gastric ulcers. Authorities differ as to the relative frequency—all the way from 1:9 to 1:40. I think our diagnostic prowess is not sufficiently keenly developed to recognize duodenal ulcer as readily as gastric ulcer; therefore, the discrepancy among authorities. Personally, I think duodenal ulcers are quite as common as gastric ulcer. The situation of duodenal ulcers is most frequently in the first four inches of duodenum, the portion lying between the pylorus and the papilla of the common duct of the liver and pancreas, which Mayo calls the vestibule of the small intestine. Those ulcers of duodenum situated near the pylorus are most important, from the standpoint of danger, because of the severe hemorrhages they are likely to cause, often fatal, due to the fact that the duodenum is very much thinner and of more delicate structure than the stomach. So it is a well-established observation that close proximity to the pylorus, either from the gastric side or duodenum side, is the seat of predilection for ulcers. Seventy-five per cent. of ulcers occur in that region; hence, it is often called the ulcer-bearing zone. For purposes of treatment, however, accuracy in determining the seat of lesion is not essential. Multiplicity of ulcers in the same stomach and duodenum, though not generally appreciated, is estimated to occur in twenty per cent. or more of the cases observed. Though acute ulcers may heal spontaneously and for that reason many decry operative interference in such cases, still it is a fact that ulcers recur frequently in the same organ. We find on operating, stomachs with several scars on them, and we find an open ulcer associated with old scars. Multiple ulcers of the stomach as well as of the duodenum are not uncommon. Even though acute ulcers may heal spontaneously, aside from the danger of recurring, there is no satisfactory evidence to show that they may "not linger to become subacute and eventually chronic," and lead to a variety of pitiable sequelæ, viz: hemorrhage, acute perforation, or if they do not perforate their cicatrization may lead to adhesions, either duodenal, hepatic or omental; contractures, hour-glass contractures of the stomach, narrowing of the pylorus leading to complete stenosis resulting in dilatation and gastroptosis, to say nothing of the tendency to the development of cancer.

We are still in the dark concerning the actual cause of ulcers, and the whole etiological status is a matter of conjecture—what we know is rather of the nature of concomitant association or condition. So it has been noted (Leube) that a weak constitution, chlorosis and anæmia predispose more to ulcer than a vigorous body, and that hyperchlorydria is present in the majority of the cases of chlorosis—this alone may explain why ulcer of the stomach and chlorosis are so frequently found together, for hyperchlorhydria, though it may not lead to the development of ulcer, plays an important part in preventing a cure (Riegel). Add to these two conditions—of chlorosis or anæmia and hyperchlorhydria—another factor as an exciting cause, namely, traumatism, and the causative cycle is complete. By traumatism may be meant direct violence from without or injury from a hard or sharp bolus of food extremely cold or hot ingesta from within—in fact, anything that may lower the tone or interfere with the circulation of the mucosa from a chemical, mechanical or thermal cause, and so deplete and render vulnerable an already depleted condition, which now becomes an easy prey for an existing condition, namely, hyperchlorhydria, to act upon. Gastric juice does not destroy living or healthy tissue, not even the delicate layers of epithelium, but when due to trophic changes they die; it acts on them as it does on the ingesta.

Alcohol has not been proven an etiological factor. It has been handed down that extensive burns of the skin are sometimes followed by gastric and duodenal ulcers; the latter are supposedly more common than the former. This I heard most emphatically denied by Koposi in 1894, when lecturing on the effects of extensive burns. He said it was a myth to believe that duodenal ulcers followed extensive burning of the skin. This statement is based on extensive autopsy examinations.

Granted then that peptic ulcers are due, under certain conditions of reduced health, to a localized necrosis of the mucosa acted upon by the digestive juices, and that hydrochloric acid tends to prevent the ulcer from healing, and the ulcer in turn stimulates the excessive production of hydrochloric acid, and that the ulcer may be single or multiple, the wonder is that they

heal at all. Their size and shape, too, are various, and cannot be classified from that standpoint. They may go on extending and destroy very considerable areas, eating into the submucosa, the muscularis and serosa. "Recent ulcers and such *as have not destroyed the muscularis* may heal, as is shown by the frequency of ulcer scars. Hauser has pointed out that healing occurs by regenerative proliferation of the connective and glandular tissues that are in immediate proximity to the defect. The cells of the mucosa near the margin of the ulcer chiefly undergo proliferation. Hauser frequently found a large number of tubules in the centre of scars. The tubules were placed vertically to the epithelial surface, some of them, however, ran diagonally and others parallel to the mucosa. They were either as broad as ordinary gland tubules or they were in a state of cystic dilatation. They were not lined by glandular epithelium, but by a species of cylindrical epithelium. None of these tubules had an open lumen. Hauser states that these peculiar structures no longer perform a secretory function, but are merely *adenoid neoplasms.* This last statement is extremely interesting in connection with the subject of malignant growths in the stomach of persons previously subject to ulcer."—Mumford.

The pathological relationship of gastric ulcer and gastric carcinoma. L. B. Wilson and W. G. MacCarty, Rochester, Minn., *American Journal of Medical Sciences,* December, 1909. Of 153 specimens of undoubted gastric carcinoma, 109—71 per cent.—presented sufficient gross and microscopic evidence of previous ulcer. Eleven cases were doubtful, while in 33—22 per cent.—there was no pathological evidences of preceding ulcer. These figures are significant, and show that the ultimate consequences of healed gastric ulcers should be regarded more seriously than heretofore. Most of the carcinomata arising from previous ulcer began in the lesser curvature near the pylorus, the site of predilection of gastric ulcers, and only involve the pylorus secondarily. Furthermore, nearly every case gives a previous history of gastric ulcer.—*American Journal of Surgery,* March, 1910.

Availing ourselves of all possible data in clearing up the obscurity of conditions often encountered in making a diagnosis, great value can be furnished by laboratory research; still, valuable as these laboratory examinations may be, they are nevertheless of a supplementary nature and are subordinate to the facts of the direct history, subjective and objective symptomatology, and the conclusions arrived at from physical examination. I have in many instances appreciated these highly when they accord with the general clinical picture, and have often been uninfluenced in my judgment when they proved at variance with symptomatology and clinical findings. A procedure valuable above all others in establishing the size and position of the stomach is the X-ray exposure after ingesting bismuth subnitrate.

The operative procedure instituted in all of my cases when it was called for was the posterior gastro-jejunostomy of the no loop or short loop variety as described by the present-day standard surgical authorities, and it has given absolute satisfaction. Very recently Moynihan advanced his method of uniting the jejunum to the stomach. He "inspects the duodenojejunal flexure in order to see the direction which is taken by the first few inches of the jejunum as it leaves the flexure. It will be found that this varies considerably. In rather more than half the cases the jejunum passes outward to the left along the lower border of the pancreas, horizontally or slightly downward to the hollow below the kidney. In other cases the gut passes almost vertically downward; in still other cases downward and to the right—in the direction of the appendix. Whatever the direction is it must be carefully and assuredly noted, for the intention is that the natural direction of the jejunum should remain after the completion of the anastomosis.—Moynihan. In this manner he claims positively to obviate regurgitant vomiting or vomiting due to a vicious circle. It has been a cause of great perplexity and anxiety to me to make the anastomosis just right, but I have concluded it makes no difference how the anastomosis is made as long as the no loop or short loop principle in posterior gastro-jejunostomy is used, and making certain that there is no twist or kink to cause obstruction, and especially provided the hole is a large one to effect prompt drainage of the stomach. "These patients vomit less than those operated upon for any other abdominal complaint."—Moynihan. The no loop or short loop principle in posterior gastro-jejunostomy being used, regurgitant vomiting of this type has disappeared. In over three hundred cases Moynihan has not noticed it. I employ a different procedure from the one

invariably recommended and illustrated in the application of the forceps. Instead of having the blades and handle in apposition, I invert them—the blades are in apposition but the handles at diagnonal positions. The assistant can control them better, it is not so tiresome to hold them, and when he shifts his hands a little there is not the leverage as when the forceps are held by the handles.

Pneumonia has been the complication I had to contend with. Experience shows this to be a dreaded complication; why, is not always apparent. In my experience it followed in an insidious way those cases greatly enfeebled or depleted by profuse and frequent hemorrhages, in spite of all precautionary measures, especially as to the patient's sitting up directly after the operation, and having a nurse specially detailed to enjoin deep breathing constantly. This complication is all the more curious since in other respects the patient apparently improves; he feels well, eats well, and is relieved of all symptoms, but it is a complication nevertheless which is lethal.

And so in closing let us make the plea for more frequent and earlier exploratory operations—exploratory operations made, not as a last resort simply to close again with the regret of what might have been done earlier, but exploratory operations for the purpose of making a diagnosis and then proceed in accordance with what is found. Second, let us make a plea for early operations in the particular class of cases where diagnosis is made and where the indication for operation is clear. "In general terms one is safe in assuming that a young woman with a recent ulcer stands a good chance of being cured by the rest treatment, while an older person, whether man or woman, with evidences of long-standing ulcer, should be operated upon."—Mumford. Here the object of an early operation is not to cure the ulcer present, but by drainage to anticipate a tendency to subsequent ulcer formations with their sequelæ. "We must not be content to recognize a fully dilated stomach. We must recognize dilatation early if we would save our patient from months, if not years, of invalidism."—Mumford.

To sum up, we observe that, of the 15 cases, 12 were chronic, 3 acute; 10 were males, 5 females; 9 lived, 6 died (including 2 not operated upon); 13 were operated upon, 9 lived, 4 died.

All, excepting one, were bad subjects for operation, had suffered with profound gastric symptoms from two to twenty years, and should have been operated upon anywhere from one to many years before they were.

Ten were correctly diagnosed, 3 were wrongly diagnosed, and 2 were strictly exploratory.

Of the 3 wrongly diagnosed: 1, diagnosed ruptured ulcer of stomach—proved extensive hemorrhagic pancreatitis; 2, diagnosed cancer of stomach—proved gumma of liver; 3, diagnosed cholelithiasis—proved ulcer of stomach and duodenum.

Of the exploratory operations: One proved, stenosis of pylorus with five annular constrictions in small intestine (syphilitic); one proved, appendicitis obliterans, with marked adhesions of small intestine in right iliac fossa—gastrectasis and gastroptosis (marked).

The number and location of ulcers found: A. Single ulcer of stomach, 1; B. Multiple ulcer of stomach, 4; C. Single ulcer of duodenum, 1*; D. Ulcer of stomach and duodenum, 3; E. Marked stenosis of pylorus with no evidence of ulcer on external surface, 2.

*Not operated upon; see clinical report.

DIAGNOSIS.	FOUND.
1. Rupture of gastric ulcer.	Acute hemorrhagic pancreatitis.
2. Ulcer of stomach.	Single ulcer of stomach.
3. Exploratory.	Syphilitic stenosis of pylorus and five annular constrictions.
4. Cancer of stomach.	Large gumma of left lobe of liver.
5. Cholelithiasis.	Perforating ulcer, anterior surface of pylorus and scar of old ulcer over anterior surface of duodenum.
6. Hemorrhage from ulcer of duodenum.	No operation or autopsy. Judged from clinical history.
7. Ulcer of stomach with hemorrhage.	Multiple scars, anterior surface of stomach.
8. Ulcer of stomach.	Scar over anterior surface of pylorus and duodenum.
9. Stenosis due to ulcer.	Hour-glass contracture of stomach—scars, anterior surface.

10. Stenosis of pylorus and dilatation—sequel of ulceration.	Stenosis and dilatation—no external evidence of ulcer.
11. Stenosis of pylorus and dilatation—sequel of ulceration.	Stenosis and dilatation—no external evidence of ulcer.
12. Stenosis of pylorus and dilatation—sequel of ulceration.	Stenosis and dilatation, with scars over pylorus and lesser curvature.
13. Exploratory.	Appendicitis obliterans, adhesion of small intestines (typhoid), dilatation and gastroptosis.
14. Stenosis of pylorus and dilatation—sequel of ulceration.	Stenosis and dilatation—scars, anterior surface of stomach.
15. Stenosis dilatation—sequel of ulceration.	Stenosis, dilatation—evidences of previous operation.

DISCUSSION.

Dr. Carl E. Sutphen, Newark, opening the discussion, said that in giving such a variety of cases, Dr. Staehlin had brought up a great many important things to remember, and should be admired for having cited his errors in diagnosis. Dr. Sutphen thoroughly believed that more was to be learned by hearing good men tell how they had failed in diagnosis than by having them cite their brilliant successes. Dr. Staehlin had, however, touched but slightly on the importance of the recognition of an acute perforating ulcer with very few symptoms. The speaker had seen a dozen of these cases within the last four or five years, several having had no symptoms except an attack of pain, vomiting and a slight rigidity of the abdomen. The patients were apparently not very sick at the onset. Dr. Sutphen considered it important to get these cases early; because, after twenty hours from time of perforation, they are usually beyond recovery. One should not wait until grave symptoms are present before operating, because if this is done, a great majority of the patients will die. Exploratory incision is justified, if one has a suspicion of perforating ulcer of the stomach. If, after opening the abdomen, no ulcer or scar is to be seen, one should hunt carefully over the posterior wall of the stomach and duodenum, for in this way one will frequently find the cause of the trouble, which would otherwise escape notice. This, indeed, has happened in one of Dr. Sutphen's cases; and he had heard Dr. Bloodgood, of Baltimore, speak of some cases in which he had overlooked the ulcer in the same manner.

Dr. Sutphen had noticed that Dr. Staehlin had reported at least three of his patients as dying of pneumonia. Dr. Sutphen said it was rather difficult to tell what causes the pneumonia in these cases; but that it was his opinion that when a patient is depleted and anemic, the mucous membrane lacks resistance to the effects of the anesthetic. He thought that it should be given more carefully, the open method being used, and a little morphine given at the same time. In such circumstances, while some of the patients may have pneumonia, the number of cases will be lessened.

In reference to the diagnosis, Dr. Sutphen mentioned two points that had struck him as valuable in assisting one to make them correctly. One of these was the use of the Einhorn buckets, which he had found useful in two or three cases in making and verifying the diagnosis. They are simply confirmative of the suspicion of ulcer. He had operated in one case in which the diagnosis was made because the patient was having frequent small hemoptoses. They located the bucket at a certain position in the stomach, but could not at operation find a scar or any other sign. Dr. Sutphen then did a posterior gastro-jejunostomy, and the patient is well. The use of the bucket made him feel that the diagnosis was right and that the position of the ulcer was also correct, even though no external signs were present.

Dr. Sutphen then said that another method of diagnosis that would prove to be of value was the moving pictures taken of the stomach. This method was originated by Dr. Rosenthal, of Munich, and was first taken up in this country by Dr. Lewis Cole, of New York City, who thought that when it was perfected, he should be able to tell the surgeon by means of it that the trouble was either an ulcer or a cancer. This conclusion is reached by observing the faulty action of the muscle in some little portion of the stomach. Dr. Sutphen said that if the surgeon could know positively that one of these two conditions was present, it would be sufficient grounds for him to open the abdomen.

He then mentioned another cause of ulcer of the stomach, arteriosclerosis, which he thought undoubtedly the cause of some of these cases. After having opened the stomach and seen the scar, it is important to decide correctly whether to simply invert it or excise it. The Mayos have recently proved that over seventy per cent. of all cancers have come from ulcers; so that Dr. Sutphen thought it best to excise the ulcer, if this could be done without serious injury to the patient, and thus avoid the possibility of a subsequent cancer.

Dr. Sutphen agreed with Dr. Staehlin that posterior gastro-jejunostomy by the Finney method was the best procedure, when the amount of stenosis was not great. He also considered Dr. Staehlin's method of having the handles of the stomach forceps in opposite directions, thus facilitating the handling of them and avoiding slipping, as an improvement in technique.

Dr. Thomas W. Harvey, of Orange, called attention to the value of the exploratory incision as a means of diagnosis. Dr. Staehlin had narrated case after case illustrating this point. Those who had opened the abdomen for

one condition and found another would appreciate the fact that the differential diagnosis of these conditions in the upper part of the abdomen is generally a rule with so many exceptions that the laying down of parallel lines of symptoms and making a differential diagnosis from that diagram is almost impossible in 70 or 80 per cent. of cases. The harmlessness of a properly made exploratory incision in the early cases in the upper part of the abdomen is, Dr. Harvey said, coming home more and more to the medical profession, and he wished to emphasize this point.

Clinical Reports.

Pneumococcic Peritonitis.

Typho-bacillus Pulmonitis.

By GORDON K. DICKINSON, M. D.,
JERSEY CITY, N. J.

Clinical medicine having so imbued the mind with a belief in single lesions in disease and having developed a terminology based thereon, the impression prevails that diagnosis is complete when such lesion is outlined and stated. The influence of bacteriology and a knowledge of the resisting powers of the different tissues of the body to microbic invasion, however, are gradually building up a new nomenclature which may not be as helpful, yet should be considered in the suggestion of therapeutics.

The resisting power of the different tissues of the body to individual strains of micro-organisms varies, some tissues being far more susceptible than others and the power of resistance differing in individuals according to some unknown law. Irregularities in the susceptibility are more frequently seen in infants. The nearer the tissue-cells approximate the embryologic stage of activity the more erratic is germ action upon them. As an illustration two cases recently occurring in our clinic will be cited:

Case No. 1—Male child six months old; breast fed; parents in the lower working class; no disease condition in family noted. Child had not been ill nor suffered any wound admitting of microbic invasion up to the time of attack. Latter part of one afternoon became distressed with pain; limbs drawn up; abdomen slightly distended; refused the breast. By the following morning, when it was brought to the hospital, abdomen markedly distended, tympanitic in upper zone, evidence of fluid in the lower and laterally. There was vomiting of greenish fluid. Thighs on abdomen; limbs markedly mottled; rectal temperature 99.6; leucocytes 18,000. Although there was little promise of recovery from operation, it was decided to celiotomize with the hope of finding either an easily reducible invagination or volvulus. On opening the abdomen a considerable quantity of serofibrinous fluid poured out, yellowish-green in color, with flakes of lymph gelatinous in consistency of the same color. There seemed no particular injection of peritoneum either on the intestines, in the region of the cecum, or parietal wall. The appearance of the fluid resembled so much the exudate found in the pleural cavity that a pneumococcic peritonitis was suspected and some of the fluid was sent to the laboratory for determination, the subsequent report showing a pure culture of Frankel's pneumococcus. At the time of operation the appendix as well as the other viscera within reach through the incision was inspected and showed no lesion. Death occurred 24 hours after the first symptom. A sneak autopsy was held and the lungs, pleural cavity and entire enteric tract thoroughly examined and no lesion was discovered. There was no external evidence of any type of otitis nor was there any ulceration of the umbilicus or elsewhere through which the germ could have gained entrance, and a reasonable supposition is that the germ had been swallowed and passed quickly from the intestines to the peritoneum.

Case No. 2—On February 20th, 1908, a lad ten years old had a gastric crisis followed by pain and tenderness in the region of the appendix, which lasted three days, temperature not rising. Rest in bed and castor oil were followed by apparent recovery. Two weeks later, March 6th, there was a recurrence of the same train of symptoms, with the addition of a rise in rectal temperature to 103. Slight rigidity over the cecum, tenderness on deep pressure, also tenderness on rectal palpation were noted. Child was quickly removed to Christ Hospital and immediate operation performed. The appendix was found in the pelvis, tense, pale, no injection of vessels at the mesentery. On sectioning the lymphoid tissue was found to be exuberant and several small hemorrhagic spots were noted on the mesenteric side half-way to the tip. It was immediately seen that there must have been some invasion of the lymphoid tissue sufficient to produce tension on an otherwise normal fibro-muscular organ; that the cause of the pain was tension, and that the cause of the fever was elsewhere. Dr. G. E. McLaughlin, chief of the laboratory, was requested to make

such examinations as might elucidate the case. His report was: Blood test for malaria, negative; Widal reaction. positive; differential leucocyte count, polynuclears, 59; lymphocytes, 40. There was now sufficient evidence of typho-bacillus invasion. On the seventh day hepatization began in the left lung, and for the next fourteen days there was decided hepatization in both lungs, with no cough, but an extensive carditis, as evidenced by blowing murmurs with both sounds, marked dilatation, pericarditis, dyspnea and cyanosis. From the beginning until after the third week the rectal temperature curve was that which is considered pathognomonic of typhoid fever. At no time were there any enteric symptoms, the germ focusing its action on the lungs and tissues of the heart. By the end of the fourth week, April 3d, there was apparently complete resolution of the lungs, temperature dropping to normal. Heart action began to improve somewhat and he left the hospital, April 30th. For ten days after leaving, his general condition seemed improved, appetite was good, digestion fair, slept well, bowels moved by cathartics only. On May 9th he suffered from an attack of acute indigestion which aggravated the already dilated heart. Temperature rose to 102.4 (rectum), pulse 120-130. He had attacks of pain in the cardiac region and dyspnea. For the first in all his sickness he raised sputum in coughing, laboratory determination being pneumococcic. His condition gradually became worse and he died ten days later. No autopsy was held. The raising of pneumococcic sputum thirty-seven days after the lesion of the lung had healed so far as physical signs and general condition could indicate, leads me to believe that there was no especial infection at the time of death. Be that as it may, on account of not having had an autopsy and the fact that there were some defects in reporting the case due to the bedside notes being lost, the same cannot be proven, but it is reported for what it is worth.

Case of Adeno-Carcinoma of Rectum.

From a Paper by Dr Edward Staehlin, Newark, in the American Journal of Surgery, May, 1910.

History—The patient, a man 47 years old, operated November 23, 1909, discharged January 7, 1910. One and a half years ago the patient began to notice discomfort in defecating. He was constipated but had a constant desire to move his bowels. The impulse was there yet the act of defecation was always unsatisfactory. His discomfort increased gradually, and to it was added slight pain during the act of defecation subsequent to which he had a copious discharge of mucus occasionally streaked with blood. During that period he lost 25 pounds in weight.

He had been subjected to anti-syphilitic treatment, but his discomfort steadily increased, notwithstanding.

The man, on admission to the hospital, looked sick—his features were drawn and anxious, and his action was languid.

Examination—Three inches above the anal opening was a hard mass, encroaching upon the lumen of the gut, almost to occlusion, and extending in induration to encompass a space in size of a small egg. This mass was painful to the touch, bled easily, irregular in outline, movable, and its upper outline could just be reached by pressing the finger well up into the rectum, around the tumor, with the other hand over the pubis.

The patient made an uneventful recovery—has gained 22 pounds, eats everything, bowels move regularly, free from pain and inconvenience, with perfect control of the sphincters. He attends to his occupation and has regained his buoyancy.

Pathologist's Report—The specimen sent me consists of a segment of rectum, 5 cm in length, 2.5 cm in diameter, to which is attached a considerable amount of peri-rectal tissue. Almost the entire specimen represents a stenotic adeno-carcinoma of this portion of the gut. The lumen of the gut is markedly encroached upon permitting the passage of a small calibre lead pencil with difficulty. The cancer entirely encircles the gut, the walls of the latter having an average thickness of 12 mm.

Microscopic examination shows the growth to be a typical cylindrical celled adeno-carcinoma. No tissue or glands is discernable.

Penetrating Injury of the Brain; Recovery.

Dr. W. A. Gills, Richmond, Va., reported the following unique case, in the Virginia Medical Semi-Monthly:

A white man, aged 30, shot himself with a 32-calibre revolver, the ball entering the right side of the head, two inches behind the upper temporal ridge and one inch above the zygoma, traversing the frontal region, passing entirely through the bone of the opposite side at a point midway between the frontal eminence and the superciliary ridge, an inch to the outer skin, a skin incision being necessary to remove it. When first seen the man was almost pulseless, but conscious; the eyes were too swollen to permit their complete examination. Brain substance was found on the cheek.

The wound was drained on each side and an ice cap applied. The pulse ranged from 85 to 116; respiration from 20 to 26. Speech was for several days incoherent, and the patient appeared confused, making several attempts to get out of the window. The only focal sign present at any time occurred on the third and fourth day—twitching the toes and fingers. About the eighth day the edema about the eyes disappeared sufficiently for the pupil reflex to be tested. It was found normal. Drainage was employed throughout, the wound healing promptly. Under conservative management recovery took place. For about three months the man complained of a constant pain in the occi-

pital region, partial deafness and loss of sensation in the finger tips, all of which have entirely disappeared.

A .32-calibre revolver fires a missile whose velocity is low (700 feet per second); hence it is readily arrested and lodged, as in this case. On account of the low velocity there is usually little lateral displacement of energy (explosive effect), and most of the bone and tissue destruction is confined to the track of the ball. When velocity is low, the entrance and exit wounds do not differ much in size, nor is there surrounding destruction of parts. The presence of lead in the tissue, shown in a radiograph, is due to the fact that this was an unjacketed bullet and easily chipped off by bone when it passed through.

Myelogenous Leukemia in a Child.

From the Proceedings of the Royal Society of Medicine.

Dr. Whiphman reports the case of a child eighteen months of age, who was healthy until one year old, when he began to waste. The father gave a history of untreated syphilis. The child was unable to sit up. The frontanelle was wide open. There was no bossing of the skull. The ribs were slightly beaded, but there were no epiphyseal enlargements. The lymphatic glands were just palpable and somewhat hard. The spleen extended to the middle of the abdomen, and four and one-half inches below the umbilicus. The liver was enlarged. The blood count was as follows: Red cells, 4,080,000; leucocytes, 63,400; hemaglobin, 80 per cent. The differential count showed: Polymorphonuclears, 32.4 per cent.; lymphocytes, 5.2 per cent.; large mononuclears, 18.8 per cent.; transitionals, 12.8 per cent.; eosinophiles, 2.6 per cent.; basophiles, 0.6 per cent.; neutrophile myclocytes, 25.8 per cent.; eosinophile myelocytes, 1.6 per cent.; normoblasts, 1.6 per 100 leucocytes. Subcutaneous hemorrhages occurred upon the extensor surface of the right arm, or the right shin, on the scalp, left ear, left eyelid, and left side of the face. The child had been under observation one month, and was getting worse; the leucocytes had risen to 101,000. The child had received X-ray treatment without evident effect. The author refers to thirteen known cases of myelogenous leukemia in children. The earliest reported was four months of age.

Subclavian Aneurism with Report of Successful Ligation in the First Surgical Division.

Reported by Dr. E. M. Prince, in the Alabama Medical Journal.

J. H., age 43, was brought into hospital suffering from a large tumor which had displaced the clavicle and had encroached on the brachial plexus to such an extent as to produce paralysis of the entire arm, causing him to suffer excruciating pain. The tumor commenced to form after having received a severe blow on the shoulder one year previous, and had increased steadily since. He gave a history of syphilis, otherwise his past history was uninteresting, save that he had been a hard drinker and was suffering from arterio-sclerosis. An X-ray picture was made and the diagnosis of aneurism of the second surgical division of right subclavian artery was confirmed. Operation was advised and the patient informed of the risk attending the operation for ligation of the first surgical division of this artery. The patient consented and the operation was performed as follows: An incision was made along the upper border of the clavicle and a second along the inner border of the sterno-mastoid muscle, meeting the former at an angle. Both heads of the sterno-mastoid were divided, and a few vessels were encountered which required ligation. The deep fascia was then torn through and the internal jugular vein was seen crossing the subclavian artery. This was pulled aside, exposing the artery, and the origin of the vertebral was then demonstrated, also the common carotid. A ligature was passed from below upward around the subclavian near the vertebral in order to give as much space for the formation of a clot between the ligature and the common carotid as possible. The beginning of the aneurysmal sac was the thyroid axis vessel. The operation required seventeen minutes to complete it and patient left table in good condition. The arm was strapped to side by adhesive and retained perfectly fixed in this position by bandage for eight days.

An Unusual Case of Goiter.

Dr. H. Neville Crowe, in The Lancet, reports the case of a woman, fifty-four years old, who suffered from cellulitis of the neck and dyspnea due to a goiter the size of the clenched fist. The goiter was first noticed when she was seventeen years old and was treated with counterirritants until she was thirty-two, when she was admitted to the hospital, where she remained four months. The goiter was tapped and four fluid ounces of fluid were withdrawn, but a subsequent tapping a fortnight later was negative. Two weeks later tincture of iodine was injected into the substance of the growth, which produced much constitutional and local disturbance; when this had subsided a seton was introduced into the middle of the neck and remained in situ for five weeks. As this caused no diminution in the size of the swelling, she was advised to return home, as the case was incurable. Since leaving the hospital twenty-two years ago the sinus made by the seton has been continually discharging and she had been subject to what she describes as "shivering fits." These always came on in the morning, the patient feeling at first very cold and shivering, followed in about an hour by a profuse sweating stage with vomiting lasting a further hour, and then by forty-eight hours of extreme prostration. She stated that she had had as many as two of these attacks in a fortnight and they were worse just before her menstrual periods. She noticed that the attacks always came on when the discharge from the goiter ceased and were followed and relieved by a discharge of blood and pus from the sinus. Complete extirpation of the goiter brought about a radical cure. She has had no shivering fits since the operation.

Case of Suture of the Heart.

From the Vienna Letter in the Medical Record, March 5, 1910.

Professor Schnitzler has had a case of suture of the heart. The cardiac wound was the result of a knife stab over the precordium. The operation, carried on under anesthesia, in the course of which the fourth and fifth costal cartilages were removed, showed a wound in the

pleura, a wound in the pericardium, and a cut 1.5 cm. long in the anterior wall of the right ventricle, penetrating the entire thickness of the wall. The catgut suture which was applied first tore out and very profuse hemorrhage occurred from the right ventricle, provisionally controlled with the finger. With great difficulty, owing to the turbulent action of the heart, a deep wide suture was taken with silk, and by means of this the heart was drawn forward. After this it was easy to apply three superficial silk sutures, which accurately closed the opening into the ventricle. The pericardium was closed and the left pleura drained. The further course of the case included a left-sided hemopneumothorax, complicated a few days after the operation by a right-sided crouous pneumonia, with diplococci in the sputum, and herpes labialis. As a result of these, repeated punctures, counter drainage, and finally twice resection of the ribs were required, complications and sequelæ of operation not rare after cardiac suture. At present there is still a small pleural fistula, but except for this the patient may be considered as completely cured. The statistics of cardiac suture show from 30 to 40 per cent. of cures. The majority of the causes of death following cardiac suture are infectious complications on the part of the pericardium and the pleura. In the recovering cases these complications often make the convalescence slow and difficult.

Gunshot Wound of Heart with Recovery.

Dr. Chester J. Teass reported this case in a paper read before the Pacific Association of Railway Surgeons, at San Francisco. Taken from the California State Journal of Medicine.

On May 16, 1908, Mr. Timothy Foley, constable, age 47, while in a dispute with his deputy, received a ball from a 38 caliber revolver, two inches internal to and three-quarters of an inch below left nipple. He was in a stooping position, endeavoring to grab the deputy's revolver with his left hand, when shot. So the bullet took a course downwards, backwards and to the right. In its course, passing through the upper border of the sixth c.c. the pericardial sac, right ventricle of heart, and inner border of right lung, and as its force was nearly spent when striking the seventh rib near its articulation, with the vertebræ, it simply turned turtle and lay beneath the skin two and one-half degrees to the right of seventh vertebræ. Dr. J. P. Sandholdt reached the patient within a few minutes and found him sitting in a chair, but very weak from the shock, so he had him at once placed in a stretcher and brought to the M. C. C.'s hospital, where I first examined him in the operating room. The bullet was easily extracted without much pain, but I remember my surprise at finding it on the right side of his spine as I could not understand how it had escaped the heart or the aorta in the course it had taken. But as pulse was full and regular and as the dullness over the cardiac area had not increased from what I had known it to be, I, for the time naturally thought the ball could not have passed through the heart, but on the second day patient began to suffer intense precordial pain, and this rapidly increased until early on the morning of the third day when I found him laboring greatly for breath, and he exclaimed, "Doctor, you will have to tap me here (pointing to his pericardial region) for I am all filling up." And to be sure upon examination I found the area of cardiac dullness had greatly increased. So I decided to open up his pericardial sac at once, by means of Schleisch's infiltration anesthesia, as his condition was such as not to warrant a general anesthetic. A semi-lunar incision was made over the fifth c.c. with its base at the sternum, the cartilage was resected, and when reaching the fat area over the pericardium a small amount of pus was encountered. But fortunately I soon discovered a black hair lying on the sac, which had been carried by the bullet from his chest. So, now being sure, that I had the cause of this first complication, rapidly dissected out the contaminated fat, and then began my search for the bullet wound of the sac which was discovered with some difficulty, as a small globule of fat had effectively plugged it and now, upon rapidly opening the sac, I was surprised to receive a spurt of dark serosanguinous fluid ejected against my face; and thereafter, at each pulsation of the heart, a cretain quantity of fluid would be ejected from the sac which had formed from an intense pericarditis caused by the passage of the bullet and by the blood that had leaked into it. I now cleansed the sac thoroughly by mopping it out with sterile gauze so that the bullet wounds of the heart could plainly be seen about an inch from the apex over the right ventricle. These wounds were also thoroughly sponged with the gauze; but as there was no oozing from the chamber of the heart I could see no rational excuse for suturing its wounds, so contented myself with double drainage of the sac with tube and gauze, and kept the edges of the pericadial wound permanently retracted by placing silkworm gut sutures from within and through the corresponding side of the skin. Removed drain and sutures on the seventh day.

Patient left his bed for the first time on June 19th, and made a complete recovery with the exception of slow necrosis of the sixth costal cartilage caused by the bullet making a notch in its upper border, and after thoroughly curetting it on July 6th, 1908; August 12th, 1908, and September 3d, 1908, and a faithful trial of the injection of Bi Paste with no permanent benefit, he consented to take ether and allow me to dissect out the entire cartilage, which I did at the Lane Hospital, June 21, 1909.

Will add that Mr. Foley had previously to his being shot gone through three distinct attacks of acute articular rheumatism, and as he had worked in mines most all his life, had developed an athlete's heart and emphysema. Also four days previously to having been shot, he was in San Francisco helping to celebrate the coming of the Atlantic Squadron, and returned home with an acute attack of indigestion with much tympany which greatly aggravated his suffering for the first few days by pressing up against his diaphragm.

The points that I would emphasize in my own case are:

First—That the operation saved the patient's life, not only by draining his pericardial sac and thus relieving him of imminent danger, but also by removing a local source of infection which ultimately would have been taken for a general septicaemia of the entire bullet wound tract and consequently no operation for its relief would have been considered.

Second—That it is a waste of time to attempt to check a beginning necrosis of a costal cartilage by means of curettage for the only practical procedure is to fully expose the cartilage to view and by means of a knife make a clean cut of the cartilage some distance from its diseased portion.

Third—That if I were to do the operation again I would make a flap containing the cartilage and having its base externally.

Gallstone Formation.

From the London Letter in the Medical Record, May 14, 1910.

The rate at which gallstones may be formed was illustrated by a case related at the Clinical Section of the Harveian Society by Drs. Hertz and Adams. A woman had typhoid in December, a relapse from January 14 to 24. On February 1 had epigastric pain and vomited, with tenderness over gall-bladder. Attacks of vomiting followed from time to time and suppurative cholecystitis was diagnosed. On operation 4½ ounces of pus and clear fluid were evacuated and 25 faceted gallstones removed. The Bacillus typhosus was found in the pus and fluid. It was also found in the center of some of the stones. This was 68 days from the onset of the fever.

Foreign Bodies in Duodenum.

Dr. Hastings reports this case in the British Medical Journal:

A girl, aged 3 years, who had been very healthy previously, swallowed a short piece of pencil with a metal extremity, such as is usually attached to a dance program. The next day she began to suffer from sickness, diarrhea and colicky pain. This continued. On the third day after the accident the child appeared to be in no pain. The abdomen was not distended, and moved well with respiration. Slight tenderness was present to the right of the umbilicus. The diarrhea soon ceased. When the child was examined by X-rays on the day following, a well-marked shadow, evidently the metal end of the pencil, was seen about one and one-half inches from the middle line, beneath the right costal margin. With the child lying on her back, and the X-ray tube beneath her, the dark area appeared to descend fully an inch on deep inspiration. Every day the child was examined by X-rays, but neither constipating food nor purges made any difference to the position of the shadow. Operation was decided on by Hastings.

An incision three and one-half inches long was made above the umbilicus in the middle line. On introducing the hand into the abdomen the pencil was at once felt impacted across the gut just at the bend between the descending and transverse parts of the duodenum. It was easily disimpacted and pushed back into the stomach. An attempt was next made to pass a Bruning's foreign body forceps into the stomach, with which, aided by the hand in the laparotomy wound, it was hoped to seize the foreign body, and remove it by the esophagus. Unfortunately, having no esophagus tube, the attempt was abandoned. A small incision was made through the anterior wall of the stomach on to the foreign body held between the fingers. The pencil at once shot out, and a small wound was closed by a double row of stitches. Through-and-through sutures closed the abdominal incision. The wound healed in a satisfactory manner. The pencil was found to be one and seven-eighths inches long and three-sixteenths of an inch in diameter. The point was not sharp.

Hydatid Cyst of the Spleen.

From the Paris Correspondent's Letter in the Medical Record, October 30, 1909.

At a meeting of the Surgical Society Morestin gave an interesting report of treatment of hydatid cysts of the spleen with reference to a case of Michon's. The patient was a man of 27 years of age, who became suddenly and severely ill, with fever, cough and pain in the side, which caused a diagnosis of left-sided pneumonia to be made. Some days after, following a severe attack of cough, the patient expectorated blood and debris of a hydatid membrane. The diagnosis of hydatid cyst of the lung, which had been emptied by way of the bronchial tubes, now become evident. Following this evacuation the general and local symptoms disappeared, but radiography showed below the diaphragm an abnormal shadow corresponding to the spleen, which seemed to show that there was a hydatid cyst of the spleen which had emptied into the bronchial tubes. Laparotomy performed by Michon showed, on the contrary, that the spleen was entirely free from all adhesion to the diaphragm or the neighboring organs. It contained a small, superficial hydatid cyst. This caused Michon to perform splenectomy. The patient was cured without any complications. Morestin believes that in this case there were two entirely distinct hydatid cysts, one in the spleen and the other in the lung, and that the last named was evacuated by the cough. He disapproves of the splenectomy performed by Michon. He should have preferred the enucleation of the cyst or the partial resection of the spleen, and in this case the spleen, an important organ, should not have been sacrificed. Quenu also believed that it was not necessary to have recourse to splenectomy in the treatment of hydatid cyst of the spleen except as a last resource, when other methods cannot be tried. If radiography allows of a positive diagnosis of an abnormal subdiaphragmatic mass at the same time it may lead us into serious errors. It was in such a manner that by means of radiography he had made a diagnosis of hydatid cyst of the spleen, but found himself in the presence of a subphrenic abscess.

Arrou insisted that the diagnosis between hydatid cyst of the spleen and hydronephrosis is difficult. In a case in which all the clinical symptoms made him think of hydronephrosis, Arrou called in George Luys, who, after a complete examination of the renal function and measuring the capacity of the pelvis by ureteral catheterism, stated that the kidney was not at fault. Operation showed that this diagnosis was well founded, the kidney was perfectly healthy; there was a cyst of the spleen. From the point of view of operation Arrou believes that the complete ablation of the spleen is not justifiable, but that it is best to practice partial resection. His patient was perfectly and completely cured.

Tuffier thinks also that conservation of the spleen in the course of the treatment of hydatid cysts of this organ is necessary in every possible case. Richard considers that when the spleen appears normal it is best to preserve this organ. He counsels the opening of the cyst and reduction without drainage, or marsupialization, or, if necessary, the resection of the cyst. Splenectomy is not indicated except in case of multiple hydatid cysts or a single cyst which has destroyed the greater part of the splenic parenchyma.

Non-Detention in the Treatment of the Drink Habit.

From a paper by Dr. Charles A. Rosenwasser, of Newark and New York, printed in the Medical Record, New York, May 28, 1910.

J. P. A., a playwright, single, aged 46, had been a hard drinker for many years, being at first constant, but for the last few years has been subject to periodical sprees, which would last weeks or months. He drank enormous quantities of any alcoholic beverages obtainable, and also used narcotic drugs at times. He had been treated at Bellevue and other hospitals for alcoholism innumerable times. Was an inmate of Bloomingdale Asylum on two occasions, and had also been an inmate of the State Hospital at Poughkeepsie on two occasions; the first time for three months—the second for seven months. Concerning him the superintendent wrote me as follows: "While here Mr. A. had a parole to the hospital grounds on several occasions, but each time violated it and went to the city, returning in an intoxicated condition. His word was found to be entirely unreliable and he could not be depended upon to restrain his appetite for drink." He had also been an inmate of the Chester Crest Home and the Inebriate Asylum at Fort Hamilton. He had taken the Keeley cure and the Oppenheimer cure on several occasions, and had also gone through several so-called gold cures. He came under my observation July, 1905, acutely drunk and in a deplorable condition. He responded to treatment and remained abstinent about four months. He left me at midnight after an enjoyable evening at the theatre, perfectly sober, and an hour later was blind drunk. He did not go back to the gutter, however, but returned to me. for he was making a hard fight to overcome his affliction. No other place being available, I placed him in the Essex County Hospital for one week, and then continued treatment and observation. Following this he remained totally abstinent for about eight months. Then he relapsed. I again placed him in the Essex County Hospital for one week. Following this he remained abstinent about two months. Then came another attack, which was very severe. In order to try the effect of prolonged detention he was placed in the New Jersey State Hospital at Morris Plains, where he remained eight months. He left the hospital on a Saturday afternoon and was drunk the following day. I placed him in St. James Hospital for one week, following which he remained well about six months. During the past two years he has had three attacks, all of them being of very short duration, only a few hours, before he voluntarily returned for help. In the interval between his attacks he has done good work. He is to-day sober and well, and I am pleased to number him among my closest friends. A gentleman by birth and breeding (his grandfather was one of the founders of the New York Hospital), it is his misfortune to be afflicted with periodical dipsomania. I firmly believe that he has no more control over his attacks than an epileptic has over his fit. Under treatment he has been greatly improved. I am hoping that in time his attacks will die out, instances of that kind being on record. Unfortunately, most of these cases are unrecognized, the victim is sent to jail, goes from bad to worse, and dies before his disease does.

Prolonged detention in cases of this type, is insofar as curability is concerned, unwise and usually futile. Almost invariably the patient is kept under restraint during his abstinent period, and is liberated shortly before the onset of his drinking period. Hence disaster follows.

Abstracts from Medical Journals.

Household and School Prophylaxis of Measles and Scarlatina.

Giuseppe Pecori (Gaz. med. di Roma, March 1, 15, and April 1, 1910) states that it is his belief that disinfection in cases of measles after the disease is over is of very little value. The virulence of the germs is short lived, and the harm is all done before the case has been diagnosed or the child sent home from school. The hope of prophylaxis in this disease lies in the education of the public to isolate a child as soon as he shows any symptoms that may be referred to measles, and to keep him at home and isolated long enough for the contagion to have passed away. In scarlatina it is the nose and throat that contain the contagious germ, and it is rather doubtful whether the scales of the skin are in themselves contagious. They may become contaminated with the germs from the mouth of the child, and so may carry the discharge. Here, again, it is the complete and careful isolation of the child, and the disinfection of everything that he has used and of everything that his attendants have used, that will prevent contagion. This isolation must last for at least forty days in order to be effective, and must be absolute. The room in which the patient has been isolated must be carefully disnfected after he is well, and he should not be allowed to go to school for some time after he is well.

Diseases of the Ear, Complicating Measles and Scarlatina.

Read by Walter A. Wells, M. D., Washington, D. C., before the Medical Society. Abstract from the Washington Medical Annals.

That measles and scarlatina are responsible for a very large proportion of all ear troubles, and especially of chronic discharging ears, is proved by an abundance of statistical evidence. About 12 per cent. of all cases of suppurative otitis originate with scarlatina; about 5 per cent. with measles. These cases include the worst degrees of deafness, and it is shown by the report of the Deaf and Dumb by the Census Bureau that of total deafness (of which about three-fourths were deaf-mutes) 11 per

cent. are attributable to scarlatina and 2 1-2 per cent. to measles.

Two kinds of otitis are observed in the course of measles. One is to be regarded as an exanthematous manifestation, occurs within the first three days, is symptomless in its course, and will arise and progress without its presence being suspected. It is very common, but fortunately benign in its consequences. The other form, which occurs in the second or third week, is apt to be attended with secondary infection and often assumes a very malignant type. This, like the other variety, may be insidious in its course. A case is reported in which a fatal intracranial complication occurred in a man four or five weeks after the attack, and who in the meantime had been going about and presented no symptoms of aural disease, no pain or tenderness, and no discharge until the day before death. Another case is reported in which there was rapid bone destruction. Mastoid operation was required; the patient recovered.

Otitis complicating scarlatina assumes three types: (1) acute serous; (2) acute suppurative; (3) gangrenous.

Secondary infection, above all the streptococcus organism, is responsible for the virulent character of certain cases. Mastoiditis is a frequent complication, and two cases are detailed in which the mastoid operation had to be performed, and illustrating some of the peculiarities manifested in such instances. One case was marked by the recrudescence of the mastoid inflammation several weeks after it had apparently subsided.

Another case was an example of the osseous structures sometimes found upon the operating table in these cases, when beforehand there was no reason to suspect them. The patient was a girl of fourteen, who had the attack of scarlatina two months previously. On the side affected there had been a chronic ear discharge, lighted up by the attack. The entire mastoid apophysis, including the tip, was necrotic; the disease involved a considerable portion of the parietal bone, and the lateral sinus of the brain had to be uncovered over a considerable distance; this in spite of very doubtful tenderness before operating.

In both measles and scarlatina, a charasteristic feature is the resistance of the drum-head and the frequent absence of any aural discharge. A most careful watch, therefore, in both diseases should be made for the slightest symptom pointing to ear disease. A slight elevation of temperature not to be otherwise accounted for should excite alarm, as should also a sudden increase of deafness, the presence of tenderness in the auricle, or the observation that the little patient always sleeps on one side.

The lymphatic temperament, especially the presence of adenoid vegetations in the nasopharynx, greatly increases the liability to aural complications in the two diseases in question and seriously increases their gravity.

Of secondary infections the streptococcus is most to be dreaded.

Local treatment of the nose and throat may be of great value in preventing aural trouble; industrious local treatment may avert surgical measures, but the latter may be indicated eventually, both to save the patient's hearing and his life.

Pain in the Ear and its Diagnostic Significance.

By Dr. J. Gordon Wilson in the Quarterly Bulletin of Northwestern University Medical School. Abstracted in Amer. Jour. of Surgery.

The author divides the subject into three parts and classifies pain in the ear as follows:

1. Pain located in the ear or in the anterior part of the auricle is associated with the auriculo-temporal nerve. It often is centred over the upper anterior part of the auricular attachment. During exacerbations it may radiate over the temporal distribution of the nerve, or, less frequently, overflow into some other branch of the mandibular nerve (third division of the fifth). Such pain may be due to acute inflammation of the membrana tympani, acute inflammation of the external auditory meatus, irritation due to foreign bodies, especially to insects, herpes oticies and disease of some neighboring part such as the teeth, the tongue, the pharynx, the larynx and nose.

2. Pain in the mastoid region may be deep-seated and associated with irritation of the mastoid branch of the tympanic nerve, a branch of the glossopharyngeal. If superficial the nerves primarily involved are the auricularis magnus and the auricular branch of the occipitalis minor. Since inflammation of the mastoid cells reacts quickly on the superficial structures, we find that in acute mastoid disease the pain, though at first deep-seated, soon becomes diffused over the head and neck. There are three well defined areas of sensory intensity in mastoid disease: (a) over the antrum, just below the temporal line; (b) over the tip of the mastoid; (c) less commonly on the posterior wall of the mastoid. Pain over the mastoid occurs in acute otitis media, in acute purulent inflammation of the mastoid, in acute inflammation of the mastoid glands, in herpes of the auricularis magnus and occipitalis minor nerves, and also the pain may be referred by glandular enlargements in proximity to these nerves and from irritations of the roots of the nerve as in caries of the cervical vertebræ.

3. Deep-seated pain in the ear, so far as it can be dissociated from similar sensations involving the fifth cranial nerve, involves as a rule the glossopharyngeal nerve. It occurs in acute otitis media and in inflammation of the pharynx, especially in peritonsillar inflammation.

Mastoiditis.

From a paper by Dr. A. E. Bulson in the Indiana State Medical Society Journal February, 1910.

That every general physician should consider a persistent earache as significant and not pass it over with a prescription for a local application of laudanum and sweet oil, or, what is worse, a prescription for an opiate to be taken internally, is the basis of Bulson's paper. The pain from a middle ear or mastoid inflammation should never be quieted with any form of opium, as by so doing the symptoms are masked. The cause of the pain, which in all cases is pent-up secretions and infection, must be treated. A free incision of the drum membrane, done under proper aseptic precautions, is comparatively harmless and at once opens an

avenue for the escape of infectious material which for the want of an opening may be extended into the antrum or the brain cavity, because that direction may be the one of least resistance. With the establishment of free drainage the severe pain should cease. If pain persists there is something more serious than a simple middle-ear trouble to deal with. An acute suppuration of the middle ear, if it is progressing toward a cure, will subside gradually. If a profuse discharge stops suddenly, then the physician should look out for a mastoid, or intracranial complications, and especially if at the same time the temperature jumps upward. If mastoid symptoms develop, as evidenced by pain, tenderness, redness or swelling of the mastoid, cold should be applied to the mastoid at once, but should not be persisted in if it does not produce a decided relief of all symptoms within a few hours, and not tried at all if the mastoid symptoms have existed for thirty-six hours, in which case the patient should be operated on.

Finally, every middle-ear suppuration has elements of danger in it, and it should be given careful attention; that mastoid or intracranial complications and the indications for an operation therefore are clearly marked; and that 75 per cent. of the deaths as a direct result of extension of a suppuration from the middle ear can be prevented by early and proper operative procedures.

Optic Neuritis and Suppurative Otitis.

Drs. J. S. Barr and J. Rowan, in the British Medical Journal, March 26, report the results of their investigations concerning the frequency and significance of optic neuritis and other vascular changes in the retinæ of patients suffering from purulent disease of the middle ear. Their results are presented in tabular form and must be studied by those interested. The following conclusions are presented: (1) Optic neuritis may occur in cases of purulent middle ear disease without obvious signs of an intracranial complication, 11 times in 160 cases, or 6.8 per cent. (2) Apart from optic neuritis vascular changss of a lesser degree are frequent, 39 times in 160 cases, or about 25 per cent. (3) Cases of purulent middle ear disease in which the optic neuritis or vascular engorgement of the fundus is present are much less amenable than those in which the fundus is normal. (4) As a general rule an improvement in the eye condition is accompanied by an improvement in the aural condition while an increase in the intensity of the changes in the fundus or their persistence is associated with less amenability to treatment and greater gravity of the ear condition. (5) The most probable cause of vascular engorgement of the fundus or optic neuritis is serous meningitis, localized or diffused. (6) Optic neuritis caused in this way is not usually followed by atrophy and unless there are other symptoms demanding it, opening of the dura is unnecessary. The practical lessons deducible from the foregoing are that a case showing these changes in the fundus should be closely watched, and their existence regarded as an additional reason for the early performance of the radical mastoid operation, and if on the other hand they show a tendency to clear off, especially with improvement in the ear condition, or if the fundus is normal to begin with and remains so, we may with more confidence look for a favorable response to conservative treatment.

Diagnosis of Permanent Mental Deficiency in Infancy and Childhood.

Dr. C. P. Lapage, Practitioner, August, 1909, states that the diagnosis of the slighter forms of mental deficiency, i. e., of less degree than imbecility or idiocy, is not, as a rule, made during the earlier years of life, unless the child conforms to one or other of the well-recognized types, which is relatively uncommon. Inability to sit up, lateness in learning to walk and to talk may excite the alarm of the parents, but these symptoms are put down to mere backwardness. But the diagnosis is easy in the early months of life in the major forms of mental deficiency, especially if the child conforms to one of the well-recognized types and is a mongol, a cretin, or of the microcephalic or hydrocephalic type. The large square skull of rickets may be mistaken for hydrocephalic enlargement. The first thing to do is to exclude deafness and blindness, and great importance is to be attached to the amount of response to external stimuli and to the general liveliness and expression of the infant, though it is the lateness in the development of the physical powers that excites the alarm of the parents. These symptoms of delayed muscular control are also of great importance as an aid to diagnosis in cases where the mental powers are thought to be lacking. That the infant is late in sitting up, that he shows very little response to external stimuli, that he is below the average in height and weight, with the presence of many of the physical stigmata of degeneration, a family history of feeble-mindedness or of insanity, small circumference of the head, and poor development of control over the sphincters or the general muscular system, are all points suggestive of mental deficiency, and should be carefully noted in each case. Great irritability and a strained look about the eyes may point to mental deficiency, but in these cases it is necessary to exclude all conditions giving rise to pain in the head, such as otitis, intracranial tumor, and meningitis. It must be remembered that late or underdevelopment of function may be due to other conditions, such as wasting, rickets, deafness and blindness. As the child gets older the diagnosis becomes increasingly easy, for other tests are applicable, and the difference between the intellect of the child under observation and that of a normal child is much more obvious, receives greater attention, and causes much anxiety. Still, up to the ages of five, six and seven years there are quite a number of cases in which the diagnosis of real and permanent mental deficiency is not at all easy. The points that help us at this period of childhood are the development of the powers of walking and of talking, the amount of control over the sphincters, and the general mental capacity as judged from the actions, the speech and language, the expression, the powers of memory, attention, imitation, and will, the presence of perverted instincts and habits, such as unusual wantonness and violence, an insatiable appetite, or the eating of clay or dirt. At a still later age we have again better indications of the mental power in the amount of response to skilled tuition, and we can test the mental powers much more readily now that the child has reached an age when those of normal mental capacity can read, write and do simple sums, for it is in these abstract ideas that the

weak mental powers of the slighter cases are made evident.—Amer. Jour. Obstet. and Dis. Women and Children.

The Existence of Living Creatures in the Stomach as the Cause of Chronic Dyspepsia.

Dr. W. Soltan Fenwick has collected more than 180 authenticated cases in which lizards, salamanders, frogs, slugs, caterpillars, worms, leeches, beetles, larvæ chrysalides, or maggots were harbored for a time and accompanied by an intractable form of dyspepsia. There is little difficulty in collecting 130 examples of diseases caused by insects in the stomach or intestines. In the vast majority of cases these insects belonged to three of the fifteen natural orders, the Diptera, or two-winged flies; the Coleoptera or beetles, or the Lepidoptera, or butterflies and moths. The eggs of these insects were usually deposited on food, and in this way reached the digestive tract. A wire screen was no protection to meat, as the flies dropped the eggs through the screen. Garden vegetables not thoroughly cleansed and drinking water might also be the means of introducing larvæ. At least twenty-four varieties of beetles and their larvæ have been identified in the vomit or evacuations of persons suffering from symptoms of gastro-intestinal irritation, and more than forty instances may be found recorded in literature. Sometimes many species of the same family or of different families were found in the same individual, mixed with dipterous larvæ, spiders, millipedes and entozoa. The continued evacuation of these parasites through extended periods of time indicated that they continued to multiply in the gastrointestinal tract. It was quite certain that not only do the eggs of dipterous and coleopterous insects frequently hatch in the human stomach, but that the larvæ may remain alive sufficiently long to permit of their escape into the more hospitable region of the intestines. If this was true of the normal stomach it applied more forcibly when the condition of subacidity was present. In mild cases of internal myiasis a sharp purge was often sufficient to rid the intestines of larvæ and eggs, while in more troublesome forms the administration of thymol, santonine or other anthelmintics often appeared to be successful. Beetles were notoriously difficult to kill and require enormous doses of turpentine in order effectually to rid the patient of them. There was no reason to believe that amphibia ever enjoyed a prolonged existence in the digestive tract, however they might be vomited alive after several hours' residence in the stomach, or they might die and be evacuated by way of the rectum. Instances were on record where such creatures had been swallowed or introduced into the vomitus for purposes of deception or to excite sympathy.

Angina Pectoris.

Dr. William Osler took this as the subject of The Lumleian Course of Lectures at the Royal College of Physicians, London, England, and the following abstracts is taken from The London Letter, in the Medical Record of April 16, 1910:

He defined angina as a disease characterized by paroxysmal attacks of pain, pectoral or extrapectoral, associated with changes in the arterial walls, organic or functional. It is, he declared, primarily an affection of the arterial system—of the pump and the pipes, of the system in which are literally the issues of life and death—and added there is no essential difference in these parts, for the arteries are only a long-drawn out heart, and the heart but a bulbous expansion of an artery. This physical unit is worked as such, and is controlled at every moment by an outside mechanism, an elaborate system of nerves penetrating every part and losing themselves in its structures. After referring to the general etiology, mentioning the interesting fact that angina seems to be specially prevalent among doctors, the lecturer divided his own cases into three groups: (1) Les formes frustes of the French; (2) mild; (3) severe. The mildest cases from group 1. Its symptoms are substantial tension, uneasiness, and distress, rising gradually to positive pain, a not infrequent complaint from which few people escape. It is associated with three conditions—emotion, muscular effort, and high pressure. These three points differ much in significance. 2. The mild form, "angina minor," of which he had notes of forty-three cases. They comprise the neurotic, vasomotor, and toxic cases, which we used to call false, of pseudoangina, but which the lecturer considers identical with the others. 3. The severe group are those known as angina major, of which he had 255 cases, 211 of them in men. In all these, or nearly all, there are organic changes in the arteries and liability to sudden death. Though recognizing that it is neither easy nor wise to class cases by symptoms alone, the professor made four groups: (a) Cases of death in the first attack or in a rapidly recurring series—those we have been calling "status anginosus"—and it is in such we meet with the most startlingly sudden death. (b) When a series of twenty, thirty, or forty attacks have occurred in the course of a year or more. (c) Chronic cases, extending over ten years or more.

Prof. Osler next passed to extrapectoral, or, more correctly, extracardiac forms, which may be regarded vascular crises. Of these he gave an exceedingly interesting account. Without asserting they were always due to such crises, he grouped them as (a) peripheral, (b) abdominal, (c) pulmonary, (d) cerebral, according to the prominent features which suggested the several distant vascular disturbances. Most instructive extracardial cases were given as their features appeared to throw light upon the essential nature of the disease.

Means of Reducing Operative Loss of Blood.

Dr. Anschutz, in Zentralblatt fur Chirurgie, Leipsic, states that for a year or so he has been attempting to reduce the amount of blood lost during operations by confining the blood in the arms and legs, thus shutting off this much from the general circulation. He applies a constricting band as for Bier's constriction hyperemia, and has used this technic in 100 cases with satisfactory results. The idea, he says, was suggested by Dawbarn's sequestration anemia in skull and brain surgery, but he applies his technic also for operations on the neck, chest and back, and does not use the boiling water as Dawbarn recommends. The constricting band is applied an hour before the operation, with the trunk slightly raised. The

rterial pulse must be kept palpable. He has ound it best to give scopolamin-morphin as a reliminary. The cutaneous incision bleeds as sual, but in the deeper layers the venous and apillary bleeding is materially reduced. After gating the bleeding vessels the wound is su-ured and then the bands are removed, first from he arms and in twenty or thirty minutes from he legs, too. The influence on the anesthesia nd the value of having this large supply of lood free from the toxic drug, which can be eturned again into the circulation merely by aising the limbs, are advantages of great mo-nent. When the constricting bands are re-noved there is no after-bleeding. The Sauer-ruch method of accomplishing the same pur-ose by the differential pressure procedures is nuch more effectual, Anschutz remarks, but the implicity and ready application of the constrict-ng band technic adapt it for many uses.

Abuse of Hypodermic Medication During Operation.

H. G. Wetherill, Denver (Journal A. M. A., May 7), condemns the practice of hypodermic timulation during and after operations, and tates that anesthetists and surgeons who have had the largest experience seldom use it. The best results and the lowest mortality of the busiest surgeons of to-day are attained by the implest methods. Careful diagnosis and ac-urate estimates of the ability of the patient to undergo the operation are made. He is pre-bared with care, the anesthetic is wisely chosen and skillfully given, he is operated on without avoidable exposure, delays or hemorrhage, he is returned to a warm bed, placed in a favorable position, watched by a competent nurse and let alone. If he is very restless and really suf-fering from shock or severe pain as he emerges rom the anesthetic he may be given a mod-erate dose of morphin and atropin, but, not-vithstanding its stimulating and soothing ef-ect, he is ordinarily better off if it can be omitted. No strychnin, no spartein, no digi-alin, no nitroglycerin—no whip and spur for a ired and jaded and played out or overworked heart, if such he has—no piling up of new poison o impose additional burdens on the organs of elimination. Let him alone. Keep him warm and very quiet. Give him all the water he can absorb by the avenue of choice; mouth, rectum, under the skin, or within the peritoneal cavity, and as few drugs as possible.

Two Signs of Diagnostic Value.

The sign which Dr. R. Abrahams has never failed to find in the many instances of gallstone disease which have come to his notice consists in a painful point midway between the umbili-cus and the costal cartilage of the ninth rib in the right hypochondriac region. The method of eliciting it is as follows: Place the patient in the recumbent position with the arms and legs extended. Ascertain a point midway between the umbilicus and the ninth costal cartilage, then with a sudden thrust press the index and middle fingers of the right hand into that point. The effect on the patient is like an electric shock; there is either a grimace on the face de-noting suffering or a quick involuntary jump of the abdomen as if it were struck with a pointed nstrument. As often as the finger thrust is re-peated just as often is the painful response ob-tained. In an acute attack with a diffuse area of hyperasthenia, the midway point mentioned is the point of maximum pain. In chronic cases the painful point is present at all times while the whole area around it may enjoy freedom from sensitiveness. The absence of this point after its repeated presence in a case long under observation argues in favor of a gall-bladder which has got rid of the stones.

The diagnostic sign in incipient pulmonary tuberculosis is designated "the cutaneous tem-perature." A reliable clinical thermometer is placed at the supraclavicular space of one side, covering the bulb snugly and completely with folds of the skin. At the end of four or five minutes the thermometer is removed and the temperature noted. The same is done at the other supraclavicular space and then the tem-peratures compared. In case both apices are involved the temperature obtained in both sup-raclavicular spaces will be higher than the ax-illary temperature, and if one apex is more af-fected than the other, the cutaneous temperature at that apical region will yield a higher temper-ature.

Perineal Prostatectomy.

Dr. Hugh H. Young, of Baltimore, Md., at a meeting of the Medical Society of the County of New York, March 28, 1910, discussed this subject, as reported in the Medical Record.

He gave the results of a careful study made of some four hundred cases. He said that as late as 1900 a recognized authority on prostatic work made the statement that the mortality of prostatectomy was 20 per cent., and he called attention to the marvelous strides in the saving of lives that had occurred since that time—only ten years ago. During this period the mortality of the suprapubic route had been reduced from 20 per cent. to 6 per cent, while the perineal mortality was about two and a half per cent. This reduction in the mortality was accom-plished through a better knowledge of the an-atomy and pathology of the cases, and the de-velopment of a more scientific technique, with the operations more thoroughly performed. With regard to the end results, very much de-pended upon the operator and his knowledge of the anatomy and pathology of the enlarged prostate and upon the employment of a careful and thorough technique. He should not be hurried except in rare instances because of the improved methods of administering the anes-thetic. From an anatomical standpoint there were many things which should be respected in the operation, and the first was the sphincters; these muscles were not obstructive and should not be removed unless necessary. The bulb and urethra also should be respected; if one cut into them there would be loss of blood. They should also respect the blood vessels, especially those in the space of Retzius, the nerve supply to the sphincters which had to do with incontin-ence of urine, and the verumontanum. With regard to the pathology in the simplest form of enlargements, the two lateral lobes, the internal sphincter was entirely intact. Those cases should not be attacked through a suprapubic opening, but through the perineal. In those cases of median enlargements, one might meet with a case in which the lobe projected into the

lumen of the urethra. Or one might meet with a pedunculated middle lobe inside the sphincter or trigone, really more easily attacked by the suprapubic route, but it was wiser to attack it through the perineal route. Aberrant growths of the prostate had been met with frequently, and he had seen several cases in which there was an enlarged lateral lobe present which he thought he had removed, but later he had been surprised to find two lobes again present on the side of the uretha. The lateral lobes grew upward behind the bladder into the region of the seminal vesicles. A rare form of enlargement was an hypertrophy of the lateral lobes which projected toward the symphysis pubis; in operating upon such cases one might leave behind enough of the prostate to form a projecting enlargement about the side of the urethra. Dr. Young said there was no ideal technique, and that most of the methods employed had been destructive in nature. He described his technique in detail, and presented numerous drawings and pictures to illustrate his method of performing perineal prostatectomy. Among his 400 cases there had been 14 over eighty years old, and 150 over seventy years old. There had been 13 deaths, two occurring during the first week, two during the second week, six during the third week, two during the fourth week, and one during the eighth week; this last patient was eighty-eight years old. Among these 13 deaths, there were some that could be held against the operation itself. He had been able to get records of 38 patients who had died since being operated upon, the periods varying from six months to several years, and there were several patients still alive. With regard to their sexual powers, 76 patients claimed they were normal before operation; after the operation, 44 claimed themselves to be normal, 10 claimed coitus was possible, and 22 claimed that coitus was considerably impaired. This operation was not a cure for lost manhood. These patients got out of bed on the third day. There were 280 patients who used the catheter before admission, and only three had to return to catheter life after the operation. The percentage of cured cases was 88; almost cured, 9; distinctly improved, 3. There were only two cases that had incontinence of urine, and he recalled the great importance in preserving the sphincters in order not to have incontinence of urine. He had not seen a single case with stricture of the urethra following the operation. The mortality among its first series of 167 cases showed seven deaths; in his second series of 233 cases there were six deaths, making 31 deaths altogether.

Results of Delivery and Treatment of Contracted Pelvis.

Otto Metzler (Arch. f. Gyn., 1910, Bd. 90, H. 3) gives an exhaustive analysis of the cases of contracted pelvis treated at the University Hospital for women at Zurich from 1891 to 1909. In these eighteen years there were treated 19,726 cases of pregnancy; among these there were 2,622 cases of contracted pelvis with a conjugate of 11.5 cm. or under, or 13.3 per cent. of all the cases. There were 1,137 primiparæ and 604 in the second pregnancy. Ages were sixteen to forty-six years. The maternal mortality was 0.92 per cent.; the infantile, 14.91 per cent. There were 1,942 spontaneous births, with a mortality of 0.26 per cent. of the mothers an 4.2 per cent. of the children. There were 68 operative deliveries, with a maternal mortalit of 25.94 per cent. and an infantile death rate o 41.32 per cent. The forceps was used 157 times version 137 times; craniotomy 120 times; extrac tion 101 times; premature labor was induced 13 times; Cesarean section was performed twenty two times with nineteen living children, an five mothers died. The practice at the hospita at Zurich is to wait as long as possible fo spontaneous delivery to occur. Only whe there is danger to the life of the mother or o the child is interference undertaken. Since th newer practices have been introduced into th hospital, that is since 1907, the results have bee better than in the earlier days, and a specia analysis of these cases is given. In that tim ninety-one cases have been delivered; eighteen forceps, ten high forceps, thirteen versions seven extractions, eight perforations, four Cesar ean sections, twelve premature labors and seve hebosteotomies. Cesarean section is an opera tion that involves no danger for the mother Hebosteotomy has a mortality of 4.95 per cent and for the children of 9.6 per cent. Bladde weakness and incontinence of urine may als result from hebotomy. The premature induc tion of labor is a life-saving operation for th mother in cases of extreme contraction of th pelvis, and is practical outside the hospital fo the general practitioner.—Amer. Jour. Obstet rics, August, 1910.

Miscellaneous Items.

Medical Inspection of School Children.

In a large number of cities an attempt ha been made to ascertain through the publi health officers the percentage of healthy an unhealthy children frequenting the publi schools within a certain time; the results an conclusions are interesting. Altogether, abou 250,000 children have been examined in th months of May, July, October and Novembe (the end and commencement of our scho year). Eyes, ears, nose, throat, teeth, cond tion of joints and bones as well as genera health are chiefly examined; the ages of th children were from 6 to 14 years. Only 22 pe cent. had normal teeth; those between the age of 6 and 9, 13 and 14 were especially affecte

The eyes were found myopic in only 10 per cent., hypermetropic in 3 per cent the percentage of both abnormal cond tions was fairly constant at all ages, which rather unexpected as regards the younger chi dren at least. Tonsils were enlarged in 30 pe cent., adenoids were present in 20 per cent both conditions in about 19 per cent. It coul not be ascertained exactly in how many case removal had been effected previously to examin ation. A fairly large percentage had chroni rhinitis, without adenoids. In 27 per cent. th nose was not normal, and deviations of the se tum seemed to become more frequent in th older children. Affections of the ear were no ed in 32 per cent.; mostly a simple catarrh the tube and tympanic cavity, while otorrh was present in about 30 per cent. of the car pa tients, that is to say, in about 11 per cent. of a children. Measles, scarlet fever and diphther were most often the cause. After-effects

ckets were noted in 20 per cent.; in another per cent. the history allowed the assumption the disease having been present. Disease of e joints was seen only in 3.5 per cent., mostly the knee, then in the talocrural joint, then in e fingers (spina ventosa), then in the hip. nly 20 per cent. of all children could be assified as perfectly healthy; in the majority ere were combinations of ear and nose and roat, or teeth and throat diseases. Disturbnces in the function of the eye and ear were bserved in 5 per cent.; of more than two imortant organs in only 2 per cent. Altogether e national physique would be supposed to be very low standard were it not proved that the ajority of children outgrow their diseases, exept the irreparable conditions of eye, ear and oints.—Vienna Letter A. M. A. Journal.

uberculosis Sanatoria, the Tubercle Bacillus

rom the Discussion on Tuberculosis at the March 21 meeting of the Medical Association of the Greater City of New York, as reported in the Medical Record.

Dr. Beverley Robinson said that personally e was opposed to the expenditure of large ums of money from either public or private ources for the erection of sanatoria for the reatment of tuberculosis, for the simple reason hat many such patients would be compelled to eturn and live in the same environment and nder the same conditions in which the disases was bred. Another objection to the sanitoria method of treatment was its limitations—nly a few, a very few, could thus be taken are of, in spite of the enormous expense it enailed. In order to get at the root of the evil, he speaker said, we must get rid of the essenial conditions that produced tuberculosis; the nderlying, fundamental defects of living and nvironment and the lack of proper housing and anitation, which were, after all had been said nd done, the governing factors of the disease, rather than a few microbes. While the tubercle bacillus was the direct, exciting cause of pulmonary tuberculosis, it was only harmful under certain conditions; its development depended on the soil, and under favorable conditions of living, even the most susceptible individual was less apt to take the disease. Over thirty years ago the late Austin Flint showed that tuberculosis, like many other diseases, was self-limited, and that many recoveries took place under proper hygienic conditions. In addition to those that recovered, a certain proportion could be expected to improve, and finally, we knew there were some that would inevitably die, even under the most favorable surroundings and in spite of all treatment. Dr. Robinson said that thus far, the results of the sanatorium treatment of tuberculosis had not been particularly encouraging, and he believed that the benefits attached to it were neutralized, to some extent, at least, by the environment of the patient, and the mental attitude produced by his too close association with others similarly affected. In closing his remarks, the speaker said he was opposed to the treatment of cases of active tuberculosis in general hospitals. Regarding medication, he was firmly convinced that creosote, both internally and by inhalation, had a distinct curative effect in a certain number of cases of pulmonary tuberculosis.

Dr. Ira Van Gieson said he was strongly opposed to the tubercle bacillus being made the scapegoat of tuberculosis. While every reasonable precaution should be taken against the spread of the disease, there were evidences in many quarters of over-zealousness and even hysteria. By some, the tuberculous patient was regarded in the same light as a leper, and legislation had even been invoked to prevent these patients from passing through certain States. People acquired the disease by their own negligence, and then blamed the tubercle bacillus. Every man was the architect of his misfortunes and every man was the architect of his own tuberculosis. A man had no more right to get tuberculosis than he had to walk off the roof and break his neck, and among favorable surroundings and under right conditions of living the tubercle bacillus would probably be practically harmless. The idea of getting rid of tuberculosis by exterminating the tubercle bacillus was, in the present stage of our civilization, a Utopian one. They were as ubiquitous as snakes in Madagascar, and attempts to exterminate them always reminded Dr. Van Gieson of the story of a native of that far-off island who was found furiously attacking a group of snakes. When asked why he wasted his time killing them when there were so many more left he said that he did not care about the snakes, but that he objected to having them in his front parlor. Dr. Van Gieson said he was unalterably opposed to the use of tuberculin therapy. Under ordinary conditions, the human body was a poor habitat for the tubercle bacillus, and by injecting tuberculin, instead of helping the patient to throw off the infection, we merely added fuel to the fire and gave him so much less chance to recover. It was analogous to hitting a man with a club as a means of first aid to the injured.

Arresting Midwives Who Have No License.

Steps have been taken by the county and State authorities to put a stop to midwives who follow the profession without having passed a State board examination. There are said to be several midwives who practice here illegally.

A baby was born yesterday where an unlicensed midwife was in attendance and the youngster lived but a few hours. This caused Coroner Grove and County Physician Scammell to report the matter to Prosecutor Crossley.

Mrs. Michael Gufus, of 352 Union street, gave birth to a baby boy yesterday afternoon. Dr. J. G. Denelsbeck, of North Warren street, was sent for. While waiting for the physician to arrive some of the neighbors called in Mrs. Josephine Orzeckesk, a midwife, of 396 Union street.

When Dr. Denelsbeck reached the house the baby was dead. It had lived but a few hours. When the physicians entered the house Mrs. Orzeckesk refused to allow him to see the new arrival.

The physician then reported the case to Coroner Grove and Dr. Scammell. Coroner Grove questioned the woman and learned that she was a graduate of the Columbia Institute, New York, but that she had neither filed her diploma here nor taken out a New Jersey license.

County Physician Scammell reported the matter to Prosecutor Crossley and the two officials, together with Coroner Grove, will hold a confer-

ence this morning. The case was also reported to Dr. M. W. Reddan, a member of the State Board of Medical Examiners.

Mrs. Orzeckesk informed Dr. Scammell yesterday that other midwives were practicing here without a license. The authorities are going to look into the matter and arrests are likely to follow. Last winter Coroner Grove caused the arrest of two women who were practicing without a license.—Daily State Gazette.

A Medical Tribunal Suggested.

At a dinner recently tendered to Dr. Carlos F. McDonald, in New York City, ex-District Attorney Jerome, in a speech, warmly advocated the formation of a tribunal in the medical profession, with powers similar to the Appellate Division of the Supreme Court over lawyers, to disbar or suspend unworthy members of the medical profession. In reference to the subject of expert testimony Mr. Jerome spoke as follows, as reported in the New York Times: "There is no subject on which more poll-parrot nonsense is uttered than the subject of medical expert testimony. Out of the fifteen thousand lawyers in New York there are not more than fifty who are qualified by experience to speak with authority on this question. No man has had more experience with experts than myself during the eight years I was district attorney. And during that time I recall only one man whose testimony was radically dishonest. There were many who disagreed with me honestly. In only one case was there any miscarriage of justice. And in every case the judgment of the experts retained by the State was justified by subsequent clinical history. There was only one case which attracted great public attention, and there was only one physician who was touched by the great scandals arising therefrom. And I am positive in stating that the scandals arose through judicial incompetency rather than from any corrupt medical testimony."

The Doctor and the Lawyer.

Now comes that much over-rated man, ex-district attorney Jerome, of New York, and tells some startling things about what should be done to the physicians who are a disgrace to the profession. They should be "disbarred" he says, by a certain tribunal akin to the appellate division of the supreme court. Most States already possess such tribunals in the State Board of Medical Registration and Examination, but they are not clothed with sufficient power by the law-making branch of the government. "Phenomenal Kraus," who was expedited out of Missouri, is plying his nefarious business in Ohio simply because the laws are not sufficiently comprehensive to deal with him. Other State boards have had like experiences. It is the "Advokaten Kniffe" that prevents the enactment of proper laws to protect legitimate physicians and an unsuspecting public. That beings like "Phenomenal Kraus" are paying for protection is more than suspected. Politicians prate about the sanctity of the men composing their guild, mostly lawyers, and then pharisaically point at the great medical profession because of the presence of some quacks, which the legal fraternity has made possible. It is to laugh. —Lancet Clinic.

Sterilization of the Criminal Insane.

This was the subject of an able paper read by Dr. F. W. Robertson, of New York, at the meeting of the Society of the Alumni of Bellevue Hospital, New York, April 6, 1910.

After discussion by Judge W. W. Foster, Dr. William J. Chandler, of South Orange, said that he wanted to extend his thanks to Judge Foster for the advanced views he as a jurist had expressed in regard to the prevention of crime. For prevention is even more important than the punishment of crime. He said that he thought all would agree that heredity placed the important part in the production of crime. The operation of compulsory vasectomy was not advocated for any but the confirmed criminal, who is usually the hereditary criminal. He said that if we know that the tendency to crime is inherited we must stop the breeding of criminals. Education and environment will do a great deal, but the important matter is the material we have to educate. Two boys beginning together at school—one will outstrip the other. It is the difference of material, and it is the same way with the criminal.

An operation, which as Dr. Sharpe has shown improves the criminal mentally, morally and physically, and at the same time stops his procreation, is to be seriously considered. He said that we should do all in our power to influence our lawmakers to give us the advantage of such a law.

Cats Carry Disease.

Dr. A. K. Fisher, of the Biological Survey, U. S. Department of Agriculture, says:

"Cats are known to carry in their fur the germs of such dreaded diseases as tuberculosis, smallpox, scarlet fever and diphtheria. They communicate diseases to children. They are as susceptible to hydrophobia as dogs. Cats spread ringworms. They kill between three and four million game and song birds in New York State alone each year. Only about 5 per cent. of them are mousers.

"Little harm would be done if the whole cat tribe were exterminated, but there would be much opposition to that. Still we think that when many of the facts concerning cats have been made public mothers will be more careful in letting their children play with them."

The Biological Survey is now working on plans to have laws passed in the District of Columbia as a guidance for all the States to license cats, because, they say, most of the trouble comes from stray cats. The danger in the house cat, living in a clean home, comes mainly through its contact with alley cats. Licensing would permit the killing of stray cats.

Data is now being gathered by the Survey upon the subject of disease infection by cats. Dr. Fisher hopes soon to publish a bulletin citing specific instances.

Infantile Paralysis Closes School.

Springfield, O., Aug. 18.—Owing to an epidemic of infantile paralysis, the opening of the public and parochial schools of Springfield has been ordered postponed for two weeks until September 19, by the Board of Health. There have been 110 cases of "anterior poliomyelitis" in Springfield, and the physicians are caring for forty at the present time.

THE JOURNAL

OF THE

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All papers, news items, reports for publication and y matters of medical or scientific interest should addressed to

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

Enthusiasm is the motive-force of prog-ess. No really great deed was ever done n arts or arms, in literature or science that vas not the product of enthusiasm. * * * t discovered the circulation; it invented the igature; it introduced vaccination and nesthesia, and it laid the gentle hand of ealing on the wounds of humanity through ntiseptic surgery.

We note its presence in the aphorisms of Hippocrates; in the orations of Demos-henes; in the demonstrations of Newton, nd in the discourses of Pasteur. It was vith Alexander in the field as he con-uered the world; it was with Plato in the grove as he founded philosophy. It was y the lonely lamp of Celsus and behind the ightless eyes of Galileo. It was on the battlefield with Pare and with Larrey and in he laboratory with Welch and with Leidy. It was in the hospital with Sydenham and Boerhaave, with Agnew and Samuel David Gross. It filled the lion heart of Abernethy, and it stirred the lordly soul of Hunter. It stimulated the labors of Washington and Cromwell, of Shakespeare and of Franklin, and it lit the councils of Cæsar and of Lin-coln, of the great Napoleon and of Eng-land's "Grand Old Man." May we feel it; may we realize it; may we be animated by this immortal principle; may we be driven by this divine fire!—*Dr. J. C. Da Costa.*

REST AND WORK.

The vacation season has passed. We congratulate every member of our society who has been so fortunate as to enjoy a season of rest. We hope that it has in every case brought renewed strength and that, with quickened mental vigor, it will mean better work, deeper interest in the welfare of the profession, in service ren-dered to patients, and in the good of the community and the State.

We take this opportunity to express our hope that it will also mean a fuller recogni-tion of every member's—and especially every secretary's and reporter's—relation and obligation to the Journal. We shall hope for prompt reports of society meet-ings, and of clinical cases, or other matter of interest to the profession.

COUNTY SOCIETY SOCIAL SESSION

It was the editor's great pleasure to at-tend the thirteenth annual social session of the Gloucester County Medical Society at the Hotel Pitman, Pitman, N. J., on the evening of September 22. We found it one of the most delightful social functions we have ever attended in connection with the county societies of this State. The physicians of the county, with their wives and daughters and other guests, comfort-ably filled the spacious hotel dining-room, the menu was excellent, the post-prandial speeches were practical and generally en-tertaining and the social intercourse helped to make it a most enjoyable and helpful occasion.

The presence and addresses of Professor H. A. Hare and Dr. C. S. Turnbull, of Philadelphia; ex-Senator J. Boyd Avis, and the delegations from the adjoining counties were additional features which added to the success of this annual gathering.

The editor takes this occasion not only to thank the society for its invitation to be present and to briefly refer to the official positions and influence exerted by the Gloucester County Society in the work of the State Society, but also to commend this plan of an annual social gathering to the

other county societies. It tends toward the unifying and harmonizing of the membership, increased interest and efficiency in the business and scientific work of the society and it often helps in the effort to gather in the physicians who have remained outside the society's membership.

HOSPITAL MANAGEMENT.

The necessity of divorcing our hospitals and all other public institutions from political interference and control is becoming imperative. The disgraceful conditions at the Essex County Asylum call for immediate relief. They are not only intolerable to the medical men in charge, but are also subjecting the inmates to indignities and improper care that no human beings should be subjected to, especially those who are unfortunate and suffering.

The letters of Drs. W. H. Hicks and L. S. Hinckley in the *Newark Evening News* recently show conclusively the indignities to the staff and to the patients. These men are most competent to speak and no one who knows them will hesitate to accept their testimony as conclusive. If any medical man, or men, have been seeking to ingratiate themselves with the politicians, or favored political measures, or in any way caused lack of harmony among the members of the staff, they should be dismissed forthwith. It is just such actions on the part of medical men which bring discredit upon the medical profession in the eyes of the indiscriminating public and encourage the dishonorable politicians to ignore the unselfish advice of doctors and insult the profession. We submit that our profession, in impoverishing its members through their abounding charity, is entitled to demand and receive decent treatment at the hands of politicians and managers of our institutions where that charity is bestowed.

We question whether, in view of the conflict between the staff and the managers of hospitals and other benevolent institutions, it has not been sufficiently demonstrated that the dual system of government is a failure. Certain it is that the medical staff should be freed from all interference that in the least threatens the harmony and efficiency of professional care and treatment and jeopardizes the welfare of the inmates.

If these evils cannot otherwise be prevented in the case of hospitals, we believe one of the most effective methods of avoiding them is the multiplication of private hospitals owned or controlled entirely by the medical profession. In all cases one head is better than two because the temptation to exercise authority and show favoritism, and the question of proper discipline in cases where the dividing line between the authority of the two departments is uncertain, are not conducive to harmony or efficiency and subject the inmates to neglect and improper if not harmful treatment.

Since writing the above we have been pained to hear of a serious disagreement between some of the members of the board of managers and the staff of another of our hospitals, which involves the question of the enlargement of the staff that now has six members and also seems to indicate the desire of other physicians to secure appointment thereon, against the judgment of the staff, which has led to some bitterness of feeling. We deeply regret such occurrences which tend to destroy harmony and create divisions among the members of the profession, injure the hospital and bring discredit upon the profession and lessen its influence, especially when, as in this case, it is being discussed and the differences are exaggerated in the daily newspapers.

DR. RAMSAY RENOMINATED.

We are glad to hear of the renomination of Dr. William E. Ramsay, of Perth Amboy, as an Assemblyman from Middlesex County. The doctor rendered, during his term in the Legislature last year, service that reflected credit upon our profession and was of incalculable value to the citizens of our State in the prevention of harmful legislation and the enactment of wise and

helpful laws for the protection of our citizens. It is of immense importance to the people of our State that there should be at least one able member of our profession in the Legislature, and Dr. Ramsay should be re-elected regardless of his political affiliations.

In connection with the above editorial we define our attitude in order that we may not be misunderstood, as follows:

Party politics has no place in a medical journal. It never has had in *this* Journal and will not have while under its present management. Commendation of medical men for public office—rarely given—has never been because of their party affiliations or their profession, but because of our belief in their special fitness and that the public good would be promoted by their election. Adverse criticism of men elected or appointed to official positions we have reluctantly made because of our convictions that their actions have been harmful—inimical to the best interests of the State and its citizens—especially in matters relating to the public health and the safeguarding of life through medical licensure. We have not consciously been guided in the least by party bias either in commendation or adverse criticism. Medical men generally are sufficiently intelligent, independent and unselfish where the public good and temporary party advantage clash, to favor men and measures best calculated to promote the public welfare.

FLORENCE NIGHTINGALE.

Never have we had occasion to note the departure of one whose life was so full of noble activities and philanthropic deeds, marked by self-denying, heroic devotion as that of Florence Nightingale—the "Angel of the Crimea." Many years before she so worthily received that designation she had studied nursing in infirmaries, hospitals and asylums and had become most intelligent, forceful and yet gentle and tender in her ministrations to the sick and suffering. After her wonderfully efficient and heroic services during the Crimean War, her great mind and gentle, loving heart were given to the establishment of training schools for nurses, the betterment of sanitary conditions and humane military-medical organizations under strictly scientific guidance and control. She taught the world, as was never taught before, except by the Great Physician, the great lesson of the imperative need of heavenly sympathy and tender ministrations to the sick, wounded and dying wherever they were found, and especially amid the horrors of the battlefield and in the army camps and hospitals.

We need not multiply words in description of her beautiful life more than to say that one of the most marked characteristics of this noble woman was her innate modesty and aversion to notoriety. After the Crimean War, debilitated by an attack of cholera, she returned to England *incognito,* in order to escape the reception that had been planned for her. The people, defeated in their purpose to honor her thus, presented her with a purse of $250,000 raised by popular subscription. She accepted the money and with it established a training school for nursing in London and was at the head of it nearly twenty-five years, when ill health compelled her to resign.

The people were compelled again, at her death, to respect her wishes in laying her to rest in the country churchyard at Hampshire when the popular desire was for her interment in Westminster Abbey. Tablets and monuments should be—will be—erected to her memory, but, best of all, she lives in the heart of every friend of suffering humanity and the influence of her life will be more lasting than bronze and granite memorials.

The physician can best appreciate the meaning and the value of such intelligent, unselfish and tender care and such heroic devotion and he—more than others—ought to exhibit like tenderness and devotion toward the helpless sick and suffering, and his relation to the trained nurse ought to lead to their combined effort for the prevention or amelioration of suffering, and their practical expressions of sympathy.

We believe the influence of the life of

Florence Nightingale has affected the medical profession in these directions and we can point to marked illustrations in the lives of Pasteur, Bernardo, Lazear, Carroll, and Grenfell, and we believe also to some extent it characterizes the medical profession generally and should to a greater degree.

Surely the trained nurse also, who has given herself to one of the highest and noblest of callings that can engage a woman's activities, should study this noble woman's life, make it her ideal, and follow in her footstpes, exhibiting like womanly character and devotion in service.

Very many, we know, have shown and are showing much of Florence Nightingale's spirit—serving from altruistic rather than commercialistic motives. They are angels of mercy who are worthy of double honor—they exhibit the highest type of womanhood and much of the divine nature.

It sometimes happens that a physician is asked to visit the patient of another physician during the latter's temporary absence or temporary disability, and the writer has been asked to give an opinion in a case of this kind, whether a physician making the visit at the request of another physician is entitled to pay, or whether such visit or visits should be considered as a courtesy due to the other physician. Circumstances may alter cases, but it would seem that as a general rule the physician doing the work should have the pay.

In our willingness to give and receive professional courtesies, let us not forget that it is by the application of correct business principles that we are enabled to maintain ourselves and our families.—*Exchange.*

Reports from County Societies.

BERGEN COUNTY.

F. S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, September 13, at 8:15 P. M. Dr. J. W. Proctor, the president, occupied the chair.

Dr. Walter Phillips, of Englewood, was elected a member of the society.

As no scientific program had been provided, the members enjoyed a social evening.

GLOUCESTER COUNTY.

H. A. Wilson, M. D., Reporter.

The thirteenth annual social session of the Gloucester County Medical Society was held at Hotel Pitman, Pitman, Thursday evening, September 22, with an unusually large number of members with their wives and invited guests present.

After an hour spent in pleasant social intercourse, an adjournment was had to the dining-room, where, as is usual with medical men, all soon seemed to be much interested and thoroughly at home.

After the banquet, Dr. C. B. Phillips, president of the society, acting as toastmaster, introduced in a few well-chosen words the guests of the evening.

Toasts were responded to by Drs. H. A. Hare and C. S. Turnbull, of Philadelphia; Dr. D. C. English, editor of the State Society Journal; Hon. J. Boyd Avis, Dr. Daniel Strock, Dr. Henry Chavanne, Dr. George C. Laws and Dr. L. M. Halsey.

Possibly due to the presence of a veteran in full uniform, fresh from the encampment of the G. A. R. at Atlantic City, Dr. Chavanne, of Salem, the speeches for the most part were in a patriotic vein, with some reminiscences of life in the field.

Besides the visitors mentioned above, the society was pleased to greet Dr. and Mrs. C. W. Wilson, Vineland; Drs. W. H. Iszard, Emma Richardson and H. F. Palm, Camden; J. E. Hurff, Blackwood; Mrs. C. S. Turnbull, Mrs. J. Boyd Avis, Woodbury, and Mr. William M. Angle, Clayton.

The serious illness of Dr. E. T. Oliphant, of Bridgeport, from cerebral hemorrhage, being reported, the secretary was, on motion, directed to extend to Dr. Oliphant the sympathy of the society in his illness, with hope for his speedy recovery.

Medical Society Meeting.

Tri-County Medical Society of South Jersey—Cumberland, Gloucester and Salem—at Bridgeton, October 25, 1910, 1:30 P. M., at the City Hotel.

New Children's Seashore Home.

Mr. Max Bamberger, Philadelphia, who died at Kissengen, Germany, August 5, left a bequest of $40,000, "to erect and maintain at Atlantic City, or at some point in the vicinity thereof, a home similar to the Children's Seashore Home, for the accommodation and treatment of invalid Jewish women and children, to be known as the Max and Sarah Bamberger Seashore Home." It is the desire of the testator that children of Philadelphia be given the preference.

A Botch.

The State Board of Education has discovered that the schools of this State are deteriorating. If the board wants to find out where the trouble lies, the first thing it should do is to investigate itself and the ridiculous rules it has put into effect. The whole State school law is a botch as it stands to-day.—Paterson Call.

The Growing Need of Medical Political Organization.

(The following comments on a paper with the above title presented at a meeting of the Mississippi Valley Medical Association several years ago, were made in a medical journal about a month later. Have not recent events emphasized their forcefulness as applied to present conditions?—Editor.)

There never was a time in the history of medicine when the combining of medicine and politics was more urgently needed than the present, and instead of attempting to render so much unappreciated gratuitous service to the public let us recognize some of our own needs and doctor ourselves, for in the language of Mr. Cleveland: "Never did patient need your medical treatment more than the body politic now needs the watchful care of your patriotic and disinterested citizenship."

If the medical profession continues to ignore the agencies in the future as in the past, which rule and govern the solution of these important problems, and leave them entirely in the hands of professional politicians, then we must expect it to be answered from a purely political party standpoint.

The practice of illegitimate medicine was never more active than at present, and unless we are as active at the polls and the legislative halls as are the exponents of quackery, we must expect to suffer defeat at their hands. The writer quotes here the Cleveland Medical Gazette (August, 1897), which says "we are too indifferent and pay no attention further than occasionally an ineffectual complaining until the enemy gains such strength as to be formidable.

"We leave all the law-making to the politicians, most of whom care nothing about us. We allow ourselves to be duped and imposed upon on every side with the most idiotic complacency. The fact of the matter is we have nobody to blame but ourselves. And another truth is that we can right these wrongs as soon as we will do so and pull together for that purpose."

We as a profession should rise in our might and crush out the evils which are so prevalent under the guise of medical charity.

Medical Councilors Organize.

The councilors of the Medical Society of New Jersey met recently in Trenton, at the office of Dr. William A. Clark, and organized by electing for the fourth time, Dr. William H. Iszard, of Camden, president, and Dr. William A. Clark, of Trenton, secretary. After transacting some important business the board adjourned to meet at the call of the chairman.

New York Academy of Medicine.

The anniversary meeting, to be held Thursday, November 17, 1910, will be devoted to the subject of animal experimentation in medicine, with the following program: 1. "The Influence of Anti-vivisection on the Character of Its Advocates," by Dr. William W. Keen, of Philadelphia; 2. "Objections to Proposals of Further Legislation to Regulate Animal Experimentation," by Dr. William H. Welch, of Baltimore; 3 "The Character of Anti-vivisection Literature," by Dr. W. B. Cannon, of Boston.—The Medical Record.

Jefferson Medical College, Philadelphia, has purchased the building of the Pennsylvania Dental College, Eleventh and Clinton streets, to be used for the present as a laboratory.

Correspondence.

Dr. Waugh on Prolapsing Kidney.

Editor The Journal of the Medical Society of New Jersey.

Dear Doctor:

I have read with interest Dr. Marvel's paper on "Prolapsing Kidney," in which he gives the surgical treatment most admirably. I beg leave to present the following consideration:

The kidney is normally held in place by the power of its supporting ligaments. When the tonicity of these structures is relaxed the kidney, if the support weakens, sags out of its proper place. This weakening occurs from the operation of internal causes by which the natural tonicity of the ligaments is reduced. If the tonicity of these ligaments may be reduced by the operation of internal causes, not traumatism, why may it not be restored also by acting upon the natural forces of the body? I believe that this can be done, and that in berberine we possess an agent capable specifically of increasing the tonicity of the relaxed connective tissue.

In the treatment of uterine prolapse, I have for years been in the habit of restoring the organ to its place, supporting it there, and administering berberine in doses of one to two grains daily for a period of one to three months, and this has been so satisfactory that I would suggest the adoption of the same method in treating ptosis of other internal organs. In gastroptosis and gastric dilatation the results have been most encouraging.

Berberine is slow in its action, but its effects once induced are remarkably enduring. It has proved effective in reducing enlarged spleen, but this treatment received a setback some years ago when as a result of excessive doses the contraction was so powerful as to cause rupture of this organ. It is better to give berberine in doses not exceeding two grains a day and continue it for a prolonged period, thus imitating the natural recuperative action of nature, which never works hastily.

Respectfully yours,
William F. Waugh.

No Plagiarism by Either Editor.

New Brunswick, N. J.,
Sept. 15, 1910.

Dear Dr. Kreider:

I note a most wonderful occurrence on page 330 of the September issue of your journal—which I regard as one of the best of the State journals—showing how some mysterious influence (?) must have been exerted on your brain and mine at the same time, producing the identical thoughts in editorials in your journal and ours, as the four paragraphs on page 330 are the same, verbatim, with mine on pages 190 and 191 of our Journal. As ours was issued about ten days before yours, it is clear that the charge of plagiarism cannot be laid at our door and I do not believe, for a moment, that it would hold against you.

But, seriously, other journals receiving the two might question whether it did against one of us. I note that you give an extract from our Journal at the head of that editorial item and suppose it possible that you gave to the printer the ten-point galley proof of my editorial sent you in advance at your request, and that he supposed it was your editorial comments on the extracts from other journals which you quoted.

Please understand that I hold no grievance over the matter, as I recognize the fact that such errors will occasionally occur, and I feel complimented that the thoughts expressed were deemed worthy of insertion in your journal.

Hastily, yours cordially,

David C. English.

To Dr. George N. Kreider,
Editor of the Illinois Medical Journal.

Springfield, Ill., Sept. 21, 1910.

D. C. English, M. D., Editor,
Dear Doctor English:

I regret that a seemingly unavoidable error in our printing office made it appear that the language of an editorial in the September issue of the Illinois Medical Journal was that of myself as editor, when it should have been put in quotation marks, as coming from the editorial columns of your journal.

For reasons which I have elsewhere stated to you this error crept into our editorial columns, greatly to my regret.

Yours very truly,

George N. Kreider.

(Dr. Kreider's explanation is perfectly satisfactory, and, because of our knowledge of the doctor's ethical dealings with his brethren and our esteem for him as an editor and gentleman, we were sure that it was an "error in the printing office" for which he was not responsible.—Editor.)

Voluntary Admission of Patients to the State Hospitals.

Dr. David C. English,
New Brunswick, N. J.
Dear Doctor:

By an act of the Legislature of 1909, known as the Voluntary Commitment Act, the Insane Hospitals of this State will hereafter receive as voluntary patients such persons who are suffering from nervous diseases or who are on the border line of insanity, but whose mental condition is such that they are able to signify their intention and willingness to become patients in a State hospital for a limited time.

The following is the method of procedure for this form of commitment: The applicant for admission must fill out an application blank to the medical director of either State hospital asking for permission to come as a voluntary patient to the hospital and agreeing to abide by the rules and regulations of the hospital while there, and to give three days' notice of their intention to leave the hospital, after which time they cannot be legally held.

This blank can be signed at the hospital or at the home of the patient and mailed to the medical director. It is important to know that this Voluntary Commitment Act does not include indigent patients, but only those patients who are able to pay a premium rate of $7 per week. According to the law governing private patients, the board and maintenance for three months must be paid in advance, which at the minimum rate is $91 for that period. It is also necessary that a bond be filled out in the usual manner.

We hope that all physicians will take advantage of this matter of voluntary commitments for those patients who are capable of coming into the hospital in this manner.

As easily seen, the advantages to the patients are many; they not only receive adequate treatment in the early stages of their trouble, when this is most important, but are also relieved of the social stigmata of having been legally declared insane.

Any further information will be gladly furnished and application blanks sent at any time on request.

Very truly yours,

HENRY A. COTTON,
Medical Director.

Daily Press Editorials.

An Interesting Question.

Editorial from the Daily State Gazette, Trenton,

Is a surgeon justified in collecting a fee when the patient upon whom he has operated fails to recover?

This is a very interesting question which is agitating the medical fraternity in view of the fact that the Superior Court of Georgia has held in a recent decision that a surgeon cannot recover a fee for services rendered unless the patient has been benefited. In the case in question, there had been an operation for tuberculosis of the knee performed upon an eleven-year-old girl of Macon, Georgia. The child died, and her father refused to pay the surgeon's bill. The surgeon at once brought suit, and a verdict was returned in which it was held that, as the child had died, the father owed the surgeon nothing. Of course, the case will be carried to the highest court, where it is not unreasonable to expect the lower court will be reversed.

Any other decision would be placing the medical practice upon a gambling basis, which would naturally lower the high ethical standard, which is probably the chief and most valued characteristic of the profession.

Richard Stevens' Fine Project.

From the Observer, Hudson County, June 17th.

Richard Stevens is about to start, in Hoboken, one of the most commendable of charities, namely, the establishment of a milk depot, where mothers may obtain pasteurized or modified milk for infants at less than cost. His beneficence goes further than that. He proposes, as far as it is possible for one graduate nurse to do so, to visit the homes of the patrons of the place and instruct the mothers in modern methods of taking care of their babies.

Mr. Stevens has consulted Jersey City and Hoboken physicians and selected three from each city who will constitute an advisory board. He has also arranged with Dr. Henry L. Coit, of Newark, the noted specialist on infant feed-

ing, for the necessary formulas for the modification of milk. This in itself, if Mr. Stevens and his advisers were not so well-known, is a guarantee that the depot is to be conducted with the sole purpose of decreasing infant mortality.

Mr. Stevens is establishing the milk depot independent of any bureau, in the hope of doing something to lower the death rate among infants in Hoboken. If further proof were needed that this is so, one needs but look at the names of his advisers and Dr. Coit.

Specialists and the ordinary family physicians agree that the cause of the great majority of deaths among infants, especially during the summer, is improper feeding. Many mothers are ignorant, and others have not the means to take their offspring to a specialist and comply with his directions. For such mothers Mr. Stevens is providing the means whereby they may get the services of the best of specialists and comply with his instructions without hardship.

The graduate nurse in charge will prepare the milk for each case in accordance with Dr. Coit's formula. This milk, sufficient for feeding an infant twenty-four hours, will be given to the mother in sealed bottles, so that all she need do is to heat it to the proper temperature and feed the baby.

The magnitude and value of the undertaking, to say naught of the sentimental phase of the beneficence of Mr. Stevens, can be easily imagined.

Not long ago Mr. Stevens and Mr. E. T. Steadman appealed to the Tax Commissioners to appropriate sufficient money to the Board of Health to enable it to employ two graduate nurses to supplement the work of the Stevens milk depot. Two such women could visit the homes of the poor and unfortunate and help them by teaching them to help themselves. They could teach them the need of bathing their babies, the way to dress and feed them and the way to keep their homes more cheerful and sanitary. Unfortunately, members of the Tax Board were so prejudiced against all persons except those affiliated with the Bureau of Municipal Research, that they let their prejudices get the better of their judgment and ignored this appeal to save the babies and bring up healthier children. They were so anxious, apparently, to save a few dollars, that the life and health of the infants of Hoboken were disregarded.

Hicks and Hinckley Testify.

From the Newark Evening News, August 10.

In a communication printed in the News on Monday, Dr. William H. Hicks, formerly of the medical staff of the Essex County Hospital for Insane, declares that politics is the evil that interferes most seriously with the efficiency of the hospital.

In yesterday's News Dr. Livingston S. Hinckley, for sixteen years superintendent of the South Orange avenue hospital, adds his testimony to that of Dr. Hicks.

These men know what they are talking about. Theirs is no hearsay testimony. They have been through the mill, so to speak, and they still bear the scars.

And there is no question but that they speak the absolute truth. The hospital has been cursed by a multitude of managers, few of whom were capable of realizing the real purpose of the institution and most of whom regarded it merely as a place where easy jobs might be found for needy political friends or where favored individuals might obtain profitable contracts for furnishing supplies.

Some—many—of the men who have had charge of the hospital have been honest enough on the average. But they did not realize their responsibility to these unfortunate insane. How could they? One of thirty-odd others with equal authority, hampered with other things to do, knowing that the results of their work would be put up to them as a body—not as individuals—what was there to make them feel the duty they owed to their wards and the public? And if their conscience told them what they ought to do, what chance did they have amid the wires and strings, boss and politician manipulated, that drove their thirty-odd associates?

To some degree there has been a change for the better. The present Hospital Committee has instituted reforms, the result of which is reflected in smaller bills and better supplies. There is more system and improved discipline. The new warden has shown himself careful and competent. Along the purely business side the management of the hospital, perhaps, leaves little to be desired.

But this improvment is more or less accidental and gives no assurance of permanency. It happens that the county supervisor and a majority of the Hospital Committee are men with a proper appreciation of their responsibility to the taxpayers and to the unfortunates in their charge. At the next election, however, these men may be succeeded by others of a different type, mere place-hunting politicians, lusting for spoils, to whom the hospital would be only a carcass to be plucked. Already the machine has marked one of the most efficient of the committee for defeat, and if he is renominated it will be in spite of the opposition of the Republican organization.

So long as these conditions continue there can be no assurance that correct methods, proper discipline and humane treatment will prevail at Overbrook. The hospital will continue to be the prey of politicians and one scandal will follow another.

There must be a change in the system. The hospital must be wrested from the control of the Board of Freeholders and placed in the hands of a commission to be appointed by the Governor or the court, preferably the latter. Political pressure might be brought to bear on a Governor which would result in the appointment of unfit men. There is little danger that a justice of the Supreme Court would be open to such influence. At least such is the experience in relation to other boards.

Legislation will be necessary to secure this reform, and no more important matter will engage the attention of Essex County's representatives in the next session of the Legislature.

It is to be expected that the politicians generally will fight a change which means the loss of political patronage, and little help is to be expected from the party machines. For this reason it is important that independent and trustworthy men be nominated and elected to the Assembly.

The Essex Asylum Scandal.

From the Trenton Times.

The Essex County Grand Jury found that the Overbrook Asylum is being mismanaged, that gross immorality existed in the institution, that nurses and patients had been abused, and that the freeholders had neglected to investigate complaints—in fact, they have attempted to cover up the crimes that have been committed. The grand jury desired to find indictments, but was advised by Prosecutor Mott that convictions could not be obtained under the present law on the evidence submitted.

Apparently there is no remedy for the incompetence, mismanagement, immorality and improprieties but thorough legislative action. To warrant this there should be an official report made to the Governor, and recommendation made by him to the next Legislature.

Overbrook a Campaign Issue.

From the Newark Evening News, September 5, 1910.

Some of the underhanded methods by which the politicians have in the past used the County Hospital for the Insane for their own private and party ends, and the methods by which they are endeavoring to continue this control of the Overbrook institution, are related in the communication published to-day from Freeholder F. L. Driver, of the Ninth Ward.

Mr. Driver has been one of the most efficient members of the Board of Freeholders. His efforts to bring about business methods at Overbrook and the elimination of partizanship have been generally recognized. So good was his record that it was announced that he would have no opposition for renomination by the Republicans of his ward.

Nevertheless, Mr. Driver has opposition, and he tells very interestingly the reason. He had insisted upon the appointment of an efficient clerk at Overbrook to have charge of the records there. A man well qualified for the work was found and was given the position. The question of his politics had nothing to do with his appointment, which was made entirely on his merits. There was a would-be leader of the Ninth Ward "regulars" who had wanted the clerkship for himself. When he failed to secure the "spoils" he informed Mr. Driver that trouble would follow. The freeholder was told that arrangements had been made for a conference with Mr. Dalrymple, chairman of the Republican county committee, to force another candidate into the field to oppose Mr. Driver. The threat was carried out, and the county chairman has thus placed the seal of his official approval on efforts to use positions at Overbrook as a part of the political spoils.

And this has been done right in the face of the scandals at the county asylum, and in spite of the fact that it has been demonstrated that the mix-up in the records there, the lack of discipline and many other faults were due to political interference and the "pull" of incompetents with party bosses.

Mr. Driver's communication is of interest not only to the Republican voters of the Ninth Ward, but to all the people of the county. An opportunity is to be afforded the voters to rebuke such political trading at the expense of the insane wards of Essex County. A vote cast for the abolition of the Board of Freeholders and the substitution of a board of nine members will be a rebuke to the spoilsmen of both parties who have heretofore trafficked in positions at Overbrook.

A SKETCH OF THE LIFE OF LEWIS CONDICT, M. D.

President of the National Convention for the First Decennial Revision of the United States Pharmacopœia.

By Henry L. Coit, M. D., Newark, N. J.

The historical background of any organized effort or human achievement is important alike, whether it be in the realm of religion, of art, of commerce or science.

The inception, initial steps and fundamental principles exemplified by those who conceive and bring to fruition any beneficient constructive work, should be preserved and never be forgotten by their successors.

The noble purpose, the personal character, the high ideals of the individuals and the aggregation of the units or personnel of any organized institution, constitute the secure foundation upon which it ever afterward rests.

The factors which represented the two sectional pharmacopœias in use in the United States in the year 1820, the work of two previous local conventions, were brought into harmonious relations for a national pharmacopœia by the judicious and effective work of Lewis Condict, M. D. He was a member of Congress from New Jersey, president of the convention held in Washington, D. C., in 1830 for the First Decennial Revision of the United States Pharmacopœia and was a man of strong convictions, of sound judgment and exceptional organizing abilities.

That these statements are true is demonstrated by the fact that he was given the leadership as president of the pharmacopœial organization for twenty years, from the date of the organization of the Pharmacopœial Convention in 1830 to the date of the organization of the third Pharmacopœial Convention in 1850. That his work was fundamental and the principles laid down were constructive for the permanency of this early work on the pharmacopœia, is seen in the fact that the pharmacopœia has been developed upon these principles through eight revisions, during a period of more than three-quarters of a century.

Lewis Condict, M. D., was a son of Peter Condict, and a descendant of John Condict, who emigrated to this country from Wales and settled in Newark, N. J., in 1678. Dr. Lewis Condict was born in Morristown, N. J., March 3d, 1772, and died in his native town in his ninety-first year, May 26th, 1862.

He was the youngest of three children. His father died during his childhood, and his mother placed him under the care of his uncle, Hon. Silas Condict, of Morristown, who was a member of the Continental Congress in 1776 and 1777 and an intimate friend of George Washington. Mr. Condict brought up and educated his nephew, Lewis Condict.

Although he was not college bred, he was well versed in the arts and languages and became a good Latin and French scholar. He commenced the study of medicine in his four-

teenth year with Dr. Timothy Johnes, of his native town. Subsequently he attended lectures at the University of Pennsylvania, where he became a student of the venerable Dr. Benjamin Rush, and received his medical degree in February, 1794. He immediately began his practice in Morristown, N. J., where he continued to reside until his death. In 1798 he married Martha, daughter of Rev. Nathan Woodhull, D. D., of Newtown, Long Island. His second wife was Martina, daughter of John Elmendorf, of Millstone, N. J.

Among his children, three sons became physicians, all of whom were graduates of the College of New Jersey (Princeton). Silas L. graduated in medicine at Columbian University in Washington, D. C.; Nathan W. at the College of Physicians and Surgeons, New York, and Lewis at Jefferson Medical College in Philadelphia.

Dr. Condict acquired great popularity as a physician and very early became prominent as a public man. From 1801 to 1803 he was sheriff of Morris County, N. J. Through his intimacy with Dr. Benjamin Waterhouse, founder of the medical department of Harvard University, and who was the friend and co-adjutor of Sir William Jenner, then looked upon as a charlatan, Dr. Condict boldly vaccinated in one hand and inoculated with smallpox the other hand of his two-year-old daughter, the case becoming immune. This was in 1802, the virus being sent by Jenner to Dr. Waterhouse, who gave it to Dr. Condict.

Subsequently an act was passed by Congress, through the instrumentality of Dr. Condict, which allowed vaccine virus to be passed through the mails free. From 1805 to 1810 he was a member of the State Legislature, and Speaker from 1808 to 1810. In 1804 he was a member of the commission which settled the boundary line between New Jersey and New York.

In 1811 Dr. Condict was elected to Congress and attended the special session convened in November for the purpose of constructing a policy to meet the conditions growing out of the impressment of the American sailors by the British.

He took the oath of office at the same time with Henry Clay, who then made his first appearance in the House of Representatives. A striking similarity of their views led to an intimacy and cordial friendship between them which extended through life.

In early life he was an anti-Federalist; in his maturer years he attached himself with zeal to the Whig party. In Congress he zealously supported the policy which led to the War of 1812, sustaining all the war measures consistently and unflinchingly, introducing the first resolution of inquiry as to the numbers of seamen impressed by the British. When the fact was elicited by his inquiries that over five thousand sailors had been illegally seized, the public opposition to the war became odious.

His correspondence with the merchants and officers of the navy during the War of 1812 was extensive and interesting, particularly so with reference to Commodore Stewart (Old Ironsides), Bambridge and Decatur, who were of this period. He took great delight in relating Commodore Decatur's description of the boarding and burning of the Philadelphia. "Commodore Decatur, of small stature, was grappled by an Algierine of huge proportions. In the attempt of the Algierine to run him through with a knife in their struggle, Commodore Decatur managed to draw his pistol from his belt as the Algierine drew his knife to give him a death blow. Decatur shot him through the heart, his body falling down the gangway over which they were struggling."

During the time of the great triumvirate (Webster, Clay and Calhoun) he was often Speaker pro tempore of the House of Representatives.

The first period of his Congressional career extended from 1811 to 1817. In 1817, January 1st, Hon. Henry Clay was president of the organizing meeting of the American Colonization Society designed for the transportation of the negroes to Africa. Dr. Condict was a member of the nominating committee, which included among others John Randolph and Francis S. Key, who wrote "The Star-Spangled Banner." The committee nominated as the first permanent president of the society Hon. Bushrod Washington, nephew of George Washington, then a Justice of the Supreme Court of the United States.

In 1816 and again in 1819 he was president of the Medical Society of New Jersey, organized 1766, and the first State Medical Society in the United States, which received its charter from King George III.

In 1819, after an interim of two years, Dr. Condict was again elected member of the House of Representatives, and was returned to Congress continuously until 1833.

In 1827 he was elected a trustee of the College of New Jersey (Princeton University) and was continued in office until 1861, when he resigned on account of the infirmities of age.

He was also an honorary member of the New Jersey Society of the Cincinnati.

In 1825, when General Lafayette came to this country on his second visit, to be the guest of the United States, he visited Morristown, where he had been entertained by Washington.

Dr. Lewis Condict, then a member of Congress, was chairman of the reception committee and delivered the address of welcome. The correspondence and Lafayette's answer to this address of welcome delivered in Morristown, are in our possession in facsimile copy.

On January 4th, 1830, while a member of Congress, he was elected president of the First Decennial Pharmacopœial Convention held in Washington, D. C., and was the president of the Pharmacopœial Convention which convened ten years later, in 1840. In 1850 the venerable Dr. George B. Wood, of the University of Pennsylvania, was made his successor.

In 1835 he became the first president of the Morris and Essex Railroad, and on its opening, January 1st, 1838, Chancellor James Kent, of New York State and a summer resident of Summit, then the terminus of the road, presented him with a silver pitcher in commemoration of the opening of the road.

In 1837 he was again returned to the New Jersey Legislature and was Speaker of the House of Assembly until 1838.

In 1840 he was a presidential elector. In 1843, Dr. Condict was chairman of a commission appointed by Governor Pennington, of New Jersey, to ascertain the number and condition of the lunatics in the State. The report of this commission led to the building of the

first insane asylum in New Jersey in Trenton about 1845.

In 1853 he was elected second vice-president of the American Medical Association, having been one of its early and most zealous members.

He was an original member of the New Jersey Historical Society, contributing many papers of great value. In 1860, two years before his death, he was a delegate-at-large to the Baltimore convention that nominated Bell and Everett.

His career was an eventful one and as it was truly said of him at the time of his death, "He was born in the promonitory throes of the Revolution which ended in our national independence, witnessing the first fruits of untried governmental machinery and its first successful operation. The friend of Henry Clay, Theodore Frelinghuysen and other patriots whose fame was national, he lived to see the advent of Lincoln."

The responsibilities of political station did not diminish his interest in his profession. He was industrious and always enthusiastic in his labors for its advancement. His life was not only moral, but consistently religious, as exemplified by a life of devotion to the Presbyterian Church, of which he was a member and an earnest supporter.

CONSTITUTION AND BY-LAWS OF THE ASSOCIATION OF MEDICAL SECRETARIES AND TREASURERS OF NEW JERSEY.

Constitution

Article I.

Section 1—The name and title of this organization shall be "The Association of Medical Secretaries and Treasurers of New Jersey."

Article II.

Section 1—The purposes of this Association shall be to unite into one organization the secretaries and treasurers of the various medical societies in the State of New Jersey; to study and consider the means calculated to render the medical societies most useful to the members of the profession, thereby causing the medical profession to be the more useful to the general public; to hold stated or special meetings, to listen to the reading of papers and discussions, and to transact any other business bearing upon the purposes and objects of the organization.

Article III.

Section 1—The secretary or treasurer of any medical society—State county or local—now or hereafter existing in the State of New Jersey who is also a member of the Medical Society of New Jersey shall be eligible to active membership.

Section 2—Ex-secretaries and ex-treasurers of such societies may be admitted to associate membership.

Section 3—Any medical secretary or treasurer present at a meeting of this association may, on motion of a member, be constituted an associate member for the occasion, and be accorded the privilege of discussing all questions presented except those requiring a vote to decide.

Article IV.

Section 1—All propositions for active membership must be made in writing, by the applicant, stating the name of the society of which he is secretary or treasurer, also giving the name of the component society of which he is a member, and be presented at a regular meeting.

Section 2—Propositions for associate membership shall be made in writing by any active member of the Association on behalf of the candidate.

Section 3—All elections for membership, active or associate, may be by viva voce vote, or the secretary may be directed to cast an affirmative or negative ballot.

Section 4—All new members, active or associate, shall be introduced to the Association by the president.

Article V.

Section 1—Active members, who cease to be secretaries or treasurers of medical societies, thereupon lose their active membership in this Association, and automatically become associate members, unless specifically declining that relationship.

Article VI.

Section 1—Any active or associate member may resign from this Association.

Article VII.

Section 1—Any active or associate member may be expelled from this Association for any reason that may be deemed satisfactory to a majority of the members present at a stated meeting.

Article VIII.

Section 1—The officers of the Association shall be a president, a vice-president, a secretary and a treasurer.

Section 2—The officers shall be elected at the annual meeting of this Association, and shall serve for one year, or until their successors are elected; provided, the retiring president shall not immediately succeed himself.

Article IX.

Section 1—Committees shall be appointed by the president for such purposes and in such manner as the Association may direct.

Article X.

Section 1—Nominations for officers shall be made at the annual meeting, in such manner as the Association may direct.

Section 2—The officers shall be elected at the annual meeting, by viva voce vote, or the secretary may be directed to cast the ballot.

Article XI.

Section 1—The annual meeting of this Association shall be held at the time and place of the meeting of the Medical Society of New Jersey.

Section 2—Special meetings may be called by the president whenever requested, in writing, by five members of the Association.

Article XII.

Section 1—This constitution may be altered, amended or revised at any annual meeting; provided, the proposed alteration, amendment or revision must be read twice during such meeting and be approved by a majority of the active members present.

By-Laws.

Article I.

Section 1—This Association shall be the judge of the qualifications of those proposed for membership.

Article II.

Section 1—The duties of the president shall be to preside at the meetings of the Association, and perform such other duties as the Associa-

tion may direct or custom and parliamentary usage may require. He shall, unless otherwise directed, appoint one or more essayists to present papers or addresses at the next annual meeting. It shall also be the duty of the president to formally address the Association at the annual meeting.

Section 2—The vice-president shall assist the president in the performance of the duties of the office, when requested so to do, and shall preside at the meetings in the absence of the president.

Section 3—The secretary shall keep correct minutes of the proceedings of the Association, which, when approved, shall be transcribed into a book to be kept for that purpose; shall have charge of all papers and records belonging to the Association, except those pertaining to the office of treasurer; shall keep a complete list of the active and associate members of the association, and carefully record all changes occurring in the membership whether caused by death, resignation or otherwise; shall notify the members of the times and places of holding the meetings, if directed by the president so to do; he shall also notify those individuals whom the president may select to read essays before the Association, and shall perform such other duties as pertain to the office. All expenses incurred by the secretary in the discharge of the duties of the office shall be paid by the treasurer.

Section 4—The treasurer shall collect and receive all moneys belonging to the Association, and disburse the same as directed by the president or by vote of a majority of the members present at an annual meeting.

Article III.

Section 1—The committees appointed by the president shall perform such duties as may be specifically entrusted to them at the time of their creation or subsequently.

Article IV.

Section 1—Annual dues or assessments may be provided for by the Association at such times and in such sums as may be deemed necessary to defray the authorized expenses of the officers and committees.

Article V.

Section 1—All meetings of this Association shall be called to order at the appointed hour by the president or the vice-president. In the event of the absence of the president and vice-president, a chairman pro tempore shall be appointed.

Section 2—At the regular or special meetings the business shall be conducted in the following order:

1. The secretary shall register the names of the members who are present.
2. The minutes of the last meeting shall be read and acted upon.
3. Propositions for membership shall be received and immediately acted upon, by election or rejection.
4. Members-elect shall be introduced.
5. The president shall read the annual address.
6. Unfinished business shall be considered.
7. New business may be introduced, including proposed amendments to the constitution and by-laws.
8. The reading of scientific papers and discussion.
9. Reports of officers and committees shall be heard.
10. Amendments to the constitution and by-laws may be finally acted upon.
11. Election of officers of the Association.
12. Announcements by the president, to be followed by adjournment.

Article VI.

Section 1—The by-laws may be altered, amended or revised at any annual meeting; provided, the proposed alteration, amendment or revision must be read twice during such meeting and be approved by a majority of the active members present.

The constitution and by-laws were discussed and they were adopted tentatively, with the understanding that they may be amended at the next annual meeting, as the time allotted for this meeting did not permit time for careful consideration.

REPORT OF THE DELEGATION TO THE SIXTEENTH INTERNATIONAL MEDICAL CONGRESS AT BUDAPEST, AUGUST 28th-SEPT. 5th, 1909.

To the Medical Society of New Jersey:

At the last meeting of this society two members were duly elected delegates to the Sixteenth International Medical Congress, in Budapest, Austria Hungary.

Dr. George L. McLaughlin and myself both reached Budapest for the opening sessions, both qualified and were properly accredited. On the following day my associate was suddenly called to Vienna, and, therefore, I am making the following brief report.

This wonderful gathering of five thousand eight hundred medical men from every quarter of the globe met in one of the most beautiful cities of Europe with the ancient palace city of Buda on one side of the Danube and modern, Americanized Pesth on the other. A most unique combination of tradition, architecture, ancient customs, modern western enterprise and progress are found.

This capital city stands on ground where, before its ancient acquisition by the Magyars, reigned supreme the Celt, Roman, Hun and Slav. Relics of their handicraft still remain almost lost amid the present population of a million, living in a city of many square miles of business blocks, teeming industry, beautiful museums, universities and art galleries, white marble buildings, monuments and modern bridges, electric lights, trolley cars, Parisian boulevards, underground railways and a "central park."

The congress was organized under the patronage of His Imperial and Royal Majesty, Francis Joseph II., Emperor of Austria and King of Hungary, and with the personal attendance of His Royal Highness Archduke Joseph, who resides in the palace in Buda.

The president was the venerable and noted Hungarian physician, Baron Von C. Muller, and the secretary-general Professor Emile de Gross. The buildings of the National Museum were used for general headquarters and the general sessions and functions in the Municipal Redoubt. The work of the congress was done in twenty-one sections, held in as many different places for assemblies. The work of these sections has been published in twenty-one royal octavo volumes of five hundred pages each.

There were national committees from every

civilized country, official delegates from universities, municipalities, governments and medical societies representing the medical profession of the world. It was an inspiring scene to witness the seance generalle at the opening and closing of the congress, and the receptions given by the Crown and the Lord Mayor, where everybody attended. It was a unique experience to see mingled several thousand men of different racial types—the Turk, with his red turban; the diminutive, black-haired Japanese; the cue of the Chinese; the university professor and Sir James Grant, in their caps and gowns; the brilliant military uniforms and the dignified bearing of the government diplomat.

There were four hundred American physicians present. The chairman of the American committee was Professor John H. Musser, of Philadelphia. The Americans received special recognition and many of them were honored by election to membership in foreign societies —among them Dr. John B. Murphy, president-elect of the American Medical Association.

At the opening general sessions every speaker representing his country spoke in his own language. Professor Thayer, of Johns Hopkins, represented the United States, and it was a notable fact that M. Agramontio, of Cuba, spoke in Americanized English and not in Spanish. It was also everywhere apparent that Hungary emulates America and its people love Americans.

A significant part of the program in which two hundred Americans took part was the unveiling of a duo-life size bronze statue of George Washington. The ceremony took place in the Central Park of Budapest at the head of Andrassy Strasse (their Fifth avenue), and patriotic responsive orations were delivered by Drs. Witherspoon, McMurtrie and others.

A fact which I hesitate to present, but which is my official duty, was the election of your representative to preside over the Pediatric Section during its deliberations one day, when I presented the history of the Medical Milk Commission on the American Continent. It was received with marked attention; a Hungarian physician was detailed to study the system and a similar movement was started in Budapest, and one week later in Vienna, which movement had its origin twenty years ago in New Jersey.

Respectfully submitted,

Henry L. Coit.

Hospitals: Tuberculosis Camp.

Cooper Hospital, Camden.

Highly gratifying results in the treatment of lockjaw are reported from the Cooper Hospital in Camden. Two children and a man of forty-four were taken into the hospital suffering from tetanus, and all three are said to be cured. The man's case was particularly severe; his jaws were locked and his whose nervous system was temporarily paralyzed. An anti-tetanic serum was administered, with results that are said to have surprised even the physicians in attendance. A most remarkable feature is the fact that no harmful results followed the use of the powerful medicine. Tetanus is one of the diseases that have long baffled medical science. A slight poison, such as that which the explosion of a fulminating cap or a firecracker may force into a wound, often results in tetanus and agonizing death. Cures have hitherto been uncommon, but the experiments of the past few years seem to have resulted, at last, in the discovery of a serum which may yet be developed into a true specific. If the Cooper Hospital serum is all it is reported to be, a most valuable discovery has been made.—Newark Evening News.

Mercer Hospital, Trenton.

At a meeting of the Mercer Hospital managers September 20th, reports of a most favorable nature were received of the work of the institution for the past few months, the session of that evening being the first for some time owing to the fact that the members of the board were away for their vacations. It was reported that various improvements had been completed at the hospital and that necessary repairs had been made to the buildings, which are now in the best of shape for the coming season. The improvements were made according to the means at the command of the managers.

Up to the present time there have been 120 more admissions to the hospital than for a corresponding period last year. The institution was reported to be most active at the present time and it was announced that sixty patients had received treatment during the past month.

Appointments announced at the meeting included: Dr. R. W. Davison, assistant to visiting surgeon, Dr. D. B. Ackley; Dr. W. A. Newell, assistant to visiting physician, Dr. H. M. Beatty; Dr. Paul E. Kuhl, to the out-patient surgical department; Dr. Walter A. Taylor, of the Jefferson Medical College, to the medical out-patient department. Dr. Edward T. Craney, Dr. H. C. Fisher and Dr. Harry W. Lloyd were appointed resident physicians.

State Hospital, Trenton.

It is now the plan of the State Hospital managers to add 50 or 60 nurses to the present staff in order to permit the attendants to have more time off and also inaugurate the 8-hour day schedule.

This plan was decided upon recently at a meeting, but when it will be put into effect was not settled. This is carrying out the scheme to employ a more proficient corps of attendants than has been employed in the past and to establish a higher standard among the nurses.

Before this scheme goes into effect there will be a general inventory and appraisement made of the institution and its belongings, which is the yearly custom. This work will be done by Warden Atchley, with the assistance of L. M. Coddington and Thomas B. Taylor, of Somerset County, whose employment for this work was decided upon at the meeting.

The resignation of Dr. Walter S. Taylor has caused a promotion in the staff. Dr. Williams is moved up to Dr. Taylor's place and Dr. Truitt is appointed to Dr. Williams's place.

Tuberculosis Camp of Union County.

A committee of the Board of Freeholders of Plainfield has recommended an administration building and four leantos to be built on the site

of fifty acres at a cost of not to exceed $50,000, to be raised by the issue of bonds.

Married.

HOWLEY—McCALL—In New York City, September 14th, 1910, Dr. Bartholomew M. Howley, of New Brunswick, to Miss M. L. McCall, of New York City.

Obituaries.

BLACKWELL.—At her summer home, York Cliffs, Maine, September 8, 1910, Dr. Emily Blackwell, of Montclair, N. J., aged 84.

She graduated from the Western Reserve University in 1854. With her sister, the late Dr. Elizabeth Blackwell, she founded the New York Infirmary for Women and Children, the first hospital for women in America.

DAY.—At Butler, N. J., August 29, 1910, Dr. Harry Vroom Day, aged 58.

Dr. Day was born in Morristown, N. J., in 1852. He graduated at the New York University, New York City, in 1876. He commenced practice in Butler thirty-five years ago, succeeding Dr. De Hart. He was a member of the Morris County Medical Society, the Medical Society of New Jersey and the American Medical Association. Dr. Day was also a member of Silentia Lodge, F. and A. M., of Butler, and was its past master; a charter member of Emmanual Lodge, I. O. O. F., as well as a trustee of that order, and was a charter member of the Junior Order of United American Mechanics, also of Butler. He was president of the Borough Council, and also the vice-president of the First National Bank. He was connected with the Methodist Tabernacle and a member of the official board of that church.

He was the son of the Rev. Peter D. Day, who was a member of the Newark M. E. Conference for fifty years.

Dr. Day died of cancer after an illness of eighteen months.

Those of the immediate family and relatives who survive are his widow, Mrs. Emily Day; three children, Martha, Ruth and Harry Vroom; one brother and two sisters.

Personal Notes

Dr. Charles S. Braddock, Haddonfield, recently contributed a most comprehensive article to the A. M. A. Journal, on the much-dreaded cholera plague. The doctor was formerly chief medical inspector for the Royal Siamese Government at Bankok and is eminently qualified to speak on the subject of cholera.

Dr. Lewis N. Blank, Newark, sailed for Europe, September 24, expecting to spend six months abroad, most of the time in Paris.

Dr. George H. Cobb, South Orange, and family returned early in September from their summer outing at Chatham, Mass.

Dr. Richard P. Francis, Montclair, and family, who spent the month of August in Maine, returned September 3d.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent two weeks of September at Atlantic City.

Dr. Joseph Meigh, Bernardsville, was quite ill in September.

Dr. William R. Broughton, Bloomfield, and wife returned last month from Bass Rocks, Maine.

Dr. Edward J. Ill, Newark, recently enjoyed a two weeks' visit in Colorado.

Dr. Carl Buttner, Orange, has returned from Germany, where he spent about three months.

Dr. William J. Chandler, South Orange, has returned home from his three weeks' rest in the West.

Dr. G. K. Dickinson, Jersey City, has a paper in the Medical Record, of September 3d, on Anemiæ, with some remarks as to its pathogeny and treatment.

Dr. Walter A. Jaquith, East Orange, with his wife spent the month of August traveling through Canada.

Dr. Daniel Strock, Camden, received special honor at the recent meeting of the Camden City Medical Society, which occurred on the day of his birthday anniversary. The doctor is held in great esteem by his associates, as this occasion demonstrated.

Dr. Nelson B. Oliphant, Trenton, and family have returned from Maine, where they spent the month of August.

Dr. Ernest F. Sickenberger, Rutherford, returned home with his wife from abroad last month, with health not yet fully restored.

Dr. Charles H. Finke, Jersey City, spent two weeks in Nova Scotia last month.

Dr. William J. Matthews, Hoboken, and wife returned last month from a three weeks' trip in the West.

Dr. Charles E. Putnam, Jersey City, and wife had a pleasant two weeks' trip in Maine in September.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent two weeks of September at Atlantic City.

Dr. John B. Seeds, Trenton, and wife expect to sail for Europe on October 8, for a two months' vacation.

Dr. Henry D. Abbott, Bayonne, has resigned as medical inspector of the Bayonne public schools.

Dr. Fred M. Corwin, Bayonne, has been appointed by the Board of Education of that city medical inspector of the public schools.

Dr. Richard C. Newton, Montclair, has an able paper in the Medical Record, September 10, 1910, on "A Brief Study of the Contribution of Ignaz P. Semmelweis to Modern Medicine."

Dr. Walter Reynolds, Atlantic City, and wife sailed for Europe, September 10th.

Dr. James B. Griswold, Morristown, recently returned from a fishing trip in the Adirondacks.

Dr. William H. Lawrence, Jr., Summit, has been nominated for member of the City Council.

Dr. George T. Tracy, Beverly, recently narrowly escaped death by accident. His handsome new touring car was demolished in collision with a trolley car. The doctor took a hazardous leap into the road and fortunately received only a few bruises.

Dr. J. Hervey Buchanan, North Plainfield, and wife expect to leave October 11th for a brief stay at Scranton, Pa.

Dr. William J. Arlitz, Hoboken, who attended

Mayor Gaynor of New York, when he was an inmate of St. Mary's Hospital, Hoboken, says the Mayor is now in perfect health and that no operation for the removal of the bullet in his neck will be performed.—The Observer.

Drs. John G. Wilson and George W. Tyrrell, Perth Amboy, have recently returned from a gunning trip to Canada.

Dr. Charles I. Silk, Perth Amboy, has been appointed "official anaesthetizer" at the hospital there.

Dr. Elmer H. Eulner, South Amboy, is being congratulated on the recent arrival of a little daughter.

Dr. Eugene T. Oliphant, Bridgeport, is recovering from an attack of apoplexy.

Book Reviews.

A MANUAL OF OBSTETRICS. BY A. F. A. KING, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the George Washington University, Washington, D. C., and in the Medical Department of the University of Vermont, etc. Eleventh edition, enlarged and thoroughly revised. 12 mo., 713 pages, with 341 illustrations and three colored plates. Cloth, $2.75 net. Lea & Febiger, Philadelphia and New York, 1910.

This Manual of Obstetrics, while intended for the guidance of the medical student, forms also a ready reference book for the busy practitioner. The mechanism of labor and its complications are clearly but concisely stated. The various operative procedures and the conditions calling therefor are well presented. It most excellently covers the field for which it was written.

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS; or the Action of Drugs in Health and Disease. By Arthur R. Cushny, M. A., M. D., F. R. S., Professor of Pharmacology in the University of London; Examiner in the Universities of London, Manchester, Oxford and Leeds; formerly Professor of Materia Medica and Therapeutics in the University of Michigan. Octavo, 744 pages, with 61 engravings. Cloth, $3.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

This book is a new departure in the study of drugs and the methods of their application. It presents a constructive pharmacology founded on experimental research. Many inert agents of the old materia medica have been dropped while those of proved usefulness are presented and elaborated. This fifth edition has been largely rewritten and gives the present standpoint of knowledge of such bodies as are of therapeutic or toxicologic interest. It will do much to overcome nihilism in medicine and will enable the users of drugs to proceed with greater confidence to produce results.

DISLOCATIONS AND JOINT FRACTURES. BY FREDERICK J. COTTON, A. M., M. D., First Assistant Surgeon to the Boston City Hospital; Assistant Professor of Clinical Surgery in Tuft's College Medical School, Boston. 1201 illustrations. Philadelphia and London. W. B. Saunders Company, 1910.

Inasmuch as dislocations are so frequently associated with injuries to and about the joints, the author has combined the consideration of both of these subjects in his treatise. The records of many X-ray pictures have been consulted and deductions therefrom, not possible a few years ago, are presented for the consideration and instruction of the reader. The author rightly states that "an X-ray plate two weeks after the injury would obviate most instances of disaffection or of legal process in cases of fracture or luxation." The drawings are all original, as also are most of the illustrations. A careful study of this work will be both interesting and profitable to every active surgeon.

GENERAL MEDICINE, VOL. I. EDITED BY DRS. Frank Billings and J. H. Saulsbury, Chicago, Ill. Published by The Year Book Publishers, Chicago. 406 pages, illustrated. Price, $1.50. One of a series of ten volumes covering the entire field of medicine and surgery. The price of the series being $10.00.

This series is published primarily for the general practitioner, but each volume is complete on the subject of which it treats, thus enabling those interested in special subjects to buy only the volumes they desire. This volume is on general medicine and deals with diseases of the respiratory organs; of the circulatory organs; of the blood and blood-making organs; infectious diseases; diseases of the ductless glands; metabolic diseases and diseases of the kidneys. These volumes are well edited, bringing each year the results of latest knowledge of diseases and their treatment.

Public Health Items.

Mortality Statistics for 1908—Bureau of the Census, 1909.

The following extracts are made from the report. The report is for the Registration Area which includes the States of California, Colorado, Connecticut, Indiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, Wisconsin, the District of Columbia and 74 cities in non-registered States. The total population of this registered area is nearly 52 per cent. of the estimated population of continental United States. Total deaths for the year in this area ,691,574. The year 1908 had a remarkably low mortality. Nearly one-fourth of all deaths registered were of persons not born in the United States.

The death rate in 1,000 of population ranged from 10.1 in South Dakota to 18.4 in California. Comparison with deaths abroad shows that in England and Wales the rate was 14.7; in the city of London, 13.8. The rate for large cities in the United States was from 8.3 for St. Joseph, Mo., to 23.6 for San Francisco.

As to the causes of death, there were 92 from smallpox; 5 from plague; 2 from yellow fever; 11 from leprosy; 82 from rabies; 23 from pellagra (there probably were more, the disease not being recognized); 11,375 from typhoid fever; 4,611 from measles; 4,969 from whooping cough; 10,052 from diphtheria and croup; 78,289 from tuberculosis, all forms; 33,465 from cancer; 60,038 from disease of heart; 61,259 from pneu-

monia, all forms; 52,213 from diarrhea and enteritis; 39,203 from Bright's disease, the chronic form; 8,332 suicides; 44,089 accidents.

Leprosy.

Currie, in Reprint No. 41, from Public Health Reports, U. S. P. H. and M. H. S., No. 38, September 17, 1909, gives an account of the Second International Conference on Leprosy, held at Bergen, Norway, August 16 to 19, 1909. In the various countries represented, the following may be mentioned as having over 1,000 lepers in one country: India, 97,340; Japan, 40,000; Java, 15,000; Argentine Republic, 12,000; Indo-China, 10,500; U. S. Colombia, 4,152; Philippines, 2,330; Russia, 1,372; Cuba, 1,297. Many other countries were represented, but the number of lepers in each was under 1,000; in the mainland of the United States, 146; Hawaiian Islands, 764; Porto Rico, 17; Gaum, 19; Canal Zone, 7. The Danish-French Commission for the study of the disease reported that as a result of its work it was found that if a leprous nodule is punctured the blood that flows is often rich in bacilli due to a mixture of lymph from the lymph spaces. The blood drawn by an insect in biting rarely contains any bacilli and never many, since the bacillus is rarely found in the blood, except in those dying from the disease.

De Beurmann, of Paris, believes that the skin is the usual site of infection, the nares less so. He thinks that the leprolin of Ross is of some value. Babes recommends tuberculin.

Von Peterson recommended the colony plan and that the children of lepers should be early separated from the parents. Sand, after an experience with 1,500 lepers, was convinced that infection does not always result from direct contagion.

During reported against leprosy being hereditary; but the children of lepers are often physically weak and more susceptible to many diseases, especially tuberculosis.

Sticker believes that the disease is limited to the human subject. Von Deycke uses nastin in treatment, combined with benzo-chloride, and finds marked improvement. Kiwull used nastin in fourteen cases, found that three improved, six did not, and five became worse. Brinckerhoff used nastin in six cases; two showed slight improvement, four became steadily worse.

At the conference just named, Dehio, of Dorpat, Russia, maintained very emphatically the contagiousness of leprosy, while Sand, of Trondhjem, Norway, after thirty-five years' experience in a leprosarium and after having treated 1,558 lepers, concluded that the disease was not transmitted by immediate contact. Von Duhring, of Dresden, finds that the disease affects the descendants of lepers, causing deterioration of the race; but transmission of the disease to children is improbable.

A letter from Bergen, dated August 18, 1909, from the Congress on Leprosy that met there, states that Hansen demonstrated leprosy bacilli in a section of skin that had been taken from Early and sent by his wife to Hansen for diagnosis.—Washington (D. C.) Medical Annals.

The presence of papulo-squamous tuberculides may be the only means of recognition of tuberculosis in infancy.

Diphtheria in Jersey City and Christian Scientists.

Dr. Joseph Craven, of the Jersey City Board of Health, has reported to that body that he has successfully combated with Christian Science a case of diphtheria in the Hudson City section. As a result of the failure of the parents of Nordis Hansen, 6 years old, of 81 Zabriskie street, to summon a physician in time, the father, Hans, and four other children contracted the disease from the first one stricken. The mother and one child have so far escaped contagion.

On September 13, Dr. McMillian was called to the Hansen residence and he found Nordis ill with diphtheria. He found a Christian Science healer in possession of the case and the family dispensed with him on the advice of the healer. He notified the Board of Health. Dr. Joseph Craven called at 81 Zabriskie street and was informed that no physician was needed to treat the case, as Christian Science would make the child well.

Dr. Craven was unabashed as a health official and he began to inject anti-toxin.

"Are you greater than God?" the Christian Science healer, a woman, demanded. "No," Dr. Craven rejoined, "but this is a case for a physician as well as for Divine assistance." The disciple of Mother Eddy objected to any treatment on the part of Dr. Craven.

"I represent the Board of Health," the doctor declared, "and if you interfere with the proper medical treatment of this case I'll remove the child to the contagious diseases hospital and quarantine the house with you in it." The Christian Science healer sniffed her contempt, but remained silent. Dr. Craven persuaded the parents to call in a physician and Dr. Woeffle was summoned.

To-day Dr. Craven reported that Nordis Hansen is out of danger and her brother, Thomas, eight years old, is better. The father, Hans Hansen, and three children, Arthur, seven years old; Helen, four years old, and Stanley, two years old, are afflicted with the disease. Mrs. Hansen and the boy are still well.

Dr. Craven and Health Officer James J. Hagen to-day stated that the Board of Health is ready at all times to furnish anti-toxin on a physician's prescription. They stated that a life is more valuable than the seven or eight dollars a dose of anti-toxin costs. The health department expends several thousand dollars a year for anti-toxin.

It is always on hand in the Board of Health offices or at the Contagious Diseases Hospital, on Tonnele avenue. While intended for people who are too poor to pay for anti-toxin, no questions are asked when a physician calls for units of the remedy or sends a prescription to be filled.

Public Drinking Cups Ruled Out.

Under the above heading an exchange has the following to say:

"After October 1 the common drinking cup will be banished in Massachusetts. The parks, streets, schools and outdoor drinking fountains generally will be provided with "bubblers," and hotels, theatres, railway stations and cars must provide some substitute for the old-fashioned common cup, under penalty of a fine of twenty-

five dollars for each case of neglect. This is in accordance with a recent act of the Legislature designed to check the spread of communicable disease. If this saves from disease and death in Massachusetts, why should not the same law be enacted in every State?"

To Fight Vaccination Rule in Washington,

Washington, Sept. 18.—To establish on federal territory the question of the constitutionality of the compulsory vaccination law, the Anti-Vaccination Society announced to-day that it will take a test case of the eight-year-old daughter of Charles Castle, of this city. The little girl was refused admittance to the public schools last year and if she is turned away again this week, as is expected, mandamus proceedings will be started at once.

"We are going to have this law declared unconstitutional," declared Harry B. Bradford, president of the society, to-day. "If we fail in that we will take the matter before Congress and try to have the law repealed. Compulsory vaccination is an outrage and a violation of personal liberty. It is one of the most gigantic pieces of quackery ever exploited among civilized people."—Exchange.

Schools Guard Against Infantile Paralysis.

Washington, Sept. 21.—A public school quarantine was established to-day against children of families in which there are cases of infantile paralysis. The city health office refused to accept the theory of eminent physicians that the malady is not contagious.

"In spite of the many contentions that have been made, it is my belief that medical science knows little more about this disease than when it first appeared," said Dr. George M. Kohler, of Georgetown University.

Physicians to Report Infantile Paralysis Cases.

Dr. Bruce S. Keater, as secretary of the State Board of Health, recently sent to some 3,000 physicians of the State ordering them to report to the State Board all cases of infantile paralysis coming under their notice. The letter to physicians says:

"Dear Doctor—At a meeting of the Board of Health of the State of New Jersey, held on August 30, 1910, the following resolution was adopted:

"'Resolved, That in accordance with the power conferred upon the State Board of Health by the provisions of Section 1 of Chapter 260, of the laws of 1895, anterior poliomyelitis or infantile paralysis is hereby added to the list of diseases which shall hereafter be reported by physicians to local boards of health, in accordance with the provisions of said act.'

"On account of the increased number of cases of this disease which are occurring in this and other States it is essential that statistical data should be gathered as to the localities which are affected, and that careful study of individual cases should be made by physicians. It will aid in these inquiries if each physician will forward to the office of this board a list of cases of infantile paralysis which have come under his medical supervision during the year 1909, and also from January 1 to September 1 of the present year."

Illegal Disposal of Garbage.

Sanitary and Medical Inspector A. Clark Hunt, of the State Board of Health, recently made an investigation of conditions at the Montclair garbage dumping grounds, on the Garretson farm. To the surprise of all, Mr. Hunt viewed the unnoticed big spot on the end of the dumping ground. Here he discovered a foul disease-breeding stretch of land, due to illegal disposal of garbage. It was this find that resulted in the issue of warrants. The hauling of swill through the streets from the ground by farmers who purchase it has been stopped, and now all garbage is being buried.

Need of Physician on Health Board.

The need of a physician on the West New York Board of Health was clearly demonstrated recently upon the receipt of a notice by the Board of Health from Supervising Principal H. W. Maxson, of the public schools. Mr. Maxson gave notice that children from 590 Arthur place were absent and that he had been given to understand that there was diphtheria in the house.

To determine whether the illness is diphtheria or something else, the health board must call upon a physician to visit the house and diagnose the case, so that the precautions may be taken as the case may be. It was pointed out that if there was a physician among the members of the health board such matters could be immediately referred to him for investigation.

Until recent years the board had a physician, but this policy was drifted away from a couple of years ago, when appointments to the board took the form of a valuable piece of patronage, as a large portion of the appropriation was distributed in salaries. This year this was shown to have been illegal, and henceforth positions on the board will be honorary, and one of the places at least may be taken by a physician.—The Observer of Hudson County.

(Think of it! A health board without a physician among its members!—Editor.)

One child of a family at May's Landing is dead and two others are in a critical condition from diphtheria believed to have been contracted by handling pet chickens which died of croup last week. There appears to be danger in making pets of any species of animated creation.—Exchange.

Acute Poliomyelitis in Pennsylvania.

According to figures compiled by Dr. Samuel G. Dixon, Pennsylvania State Commissioner of Health, 443 cases of acute poliomyelitis were reported in forty counties of the State during the month of August. One hundred cases were reported from Northampton County, 96 from Lancaster County, 68 from Philadelphia County, and 52 from Lehigh County.

Plan for Better Health Board.

Dr. Lederle has asked the Board of Estimate and Apportionment for a sum which is $1,328,855 in excess of the allowance for this year. This request has brought to light the

fact that there are in this city fewer inspectors than there were ten years ago, and that there exist three times the number of contagious diseases. The largest increase asked for is $486,056, in the division of hospitals, while the division of child hygiene has asked for an increase of $320,545. This increase is asked so that every school in the city, including kindergartens, parochial schools, industrial schools and the school of correction may all be brought under the supervision of the health board. It is also planned to open winter headquarters corresponding to the recreation piers and summer vacation schools, where mothers will be taught the year round to care for their babies.

Water Supply and Typhoid.

An interesting report has been published by the superintendent of the Louisville Water Works which shows the percentage, for the past four years, of deaths from typhoid fever in the city. The filter plant of the Louisville Water Works was put in operation in August, 1909. The deaths from typhoid fever in 1906 were 137; for 1907, 168; for 1908, 109, and for 1909, 96, the average death rate for the four years being 128. For the year ended August 1, 1910, in which the filter was in operation, the total number of deaths from typhoid fever was 73. It is estimated that the mains of the water works system were fairly well cleaned by November, 1909, and that only filtered water circulated through them. The total number of deaths from November 1, 1909, to August 1, 1910, was 38. Comparing these figures with previous years shows a reduction of 60 per cent. in the number of deaths from typhoid fever over the average of the preceding years.

Typhoid Fever in Philadelphia.

For the week ended September 2, 73 cases of typhoid fever were reported to the Philadelphia Bureau of Health. Many of these, it is believed, were acquired by persons while in the enjoyment of vacations out of the city.

Blames New Jersey for Typhoid.

(We take the following from one of our leading newspapers. What do our health resort officials have to say to the charge?—Editor.)

Philadelphia, Sept. 10.—Typhoid fever seems to be on the increase in the city—a state of affairs which the health authorities blame upon the impure and infected water of health and recreation resorts from which Philadelphians have just returned. There have been forty-four cases this week, as against thirty-six reported last week to the Bureau of Health. Dr. A. A. Cairns, chief inspector of the bureau, thinks that it is high time that the New Jersey health authorities made an investigation.

"Here are a lot of Philadelphians who go away for varying periods for a vacation, in search of rest and health, and come home ill," he said. "This city has expended a lot of money in filtering water and taking other safeguards to avoid typhoid fever, and when her people go away for the summer they are stricken down in the very places where they are supposed to be benefited. This week we have nine cases of typhoid fever that are directly traceable to Ocean City, six from Atlantic City and five from other New Jersey resorts. Fifty per cent. of the typhoid fever in Philadelphia this week had its origin in New Jersey coast cities. It is incumbent on the New Jersey authorities to make investigation and then act. Three of the total number of cases were the result of contact, due to lack of proper precautions."

Period for Revaccination of School Children.

Upon the recommeindation of Dr. Cairns, Chief Medical Inspector of the Department of Health of Philadelphia, the Board of Education of that city has extended the period for the revaccination of school children from three years to five. There is a diversity of opinion even among physicians regarding the period for which a vaccination ensures immunity from smallpox, while not a few laymen disapprove the expedient absolutely. However, "an ounce of prevention is worth a pound of cure," and no risk should be taken where the lives of thousands are involved.

Paper Milk Bottles to Save Husbands.

Paper milk bottles as both a sanitary measure and also as a preventive of violence to wanderings husbands, is to be urged before the Board of Health by Health Inspector John Garey.

"I read in the newspapers the other day," said Garey, "a woman threw four glass milk bottles at her husband and badly injured him. Now, if everybody had to use paper bottles she could not have injured hubby by throwing the milk bottles at him.

"Just think. If she had thrown paper bottles at him he would not have been hurt. What a saving to injured humanity!

"And then, too, the paper milk bottles are sanitary. Once used they could be thrown away and every morning you would have a fresh bottle along with fresh milk. Great idea. I will tell the Board of Health all about it."

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, August, 1910.

The number of deaths reported to the Bureau of Vital Statistics for the month ending August 10, 1910, was 3,890. By age periods there were 1,346 deaths among infants under one year, 367 deaths of children over one year and under five years, and 845 deaths of persons aged sixty years and over.

The number of deaths from infantile diarrhœa is the highest for any one month of which this department has record, and in a great measure is due to the prolonged hot weather prevailing during July. This high rate among infants must not be confused with epidemics of infant paralysis which existed in some parts of this country, as New Jersey has been particularly free from infantile paralysis, only one death from the disease in question having been reported during the month.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending

August 10, 1910, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 31 (26); measles, 17 (15); scarlet fever, 13 (24); whooping cough, 59 (23); diphtheria, 36 (55); malarial fever, 1 (3); tuberculosis of lungs, 348 (301); tuberculosis of other organs, 62 (58); cancer, 186 (144); diseases of nervous system, 375 (363); diseases of circulatory system, 325 (357); diseases of respiratory system (pneumonia and tuberculosis excepted), 138 (230); pneumonia, 93 (260); infantile diarrhœa, 951 (214); diseases of the digestive system (infantile diarrhœa excepted), 258 (196); Brights disease, 198 (222); suicide, 31 (35); all other diseases or causes of death, 768 (642); total, 3,890 (3,168).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 179; tuberculosis, 336; typhoid fever, 461; malaria, 27; miscellaneous specimens examined, 23; total, 1,026.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending August 31, 1910, 653 samples of food and drugs were examined in the State Laboratory of Hygiene. Fifty-nine of the 555 specimens of milk examined were found below standard and 33 suits were ordered begun against persons for adulteration of milk. All the other specimens examined, including cream, spices, cream tartar and sodium nitrate, were found above standard.

Division of Creameries and Dairies. Dairies and Milk Shops.

During the month 103 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies awarded 60 per cent. and over and the number below 60 per cent.

County.	Inspected.	Above.	Below.
Bergen	9	3	6
Camden	2	0	2
Essex	2	2	0
Gloucester	4	1	3
Hudson	9	4	5
Hunterdon	13	1	12
Mercer	5	3	2
Middlesex	1	1	0
Monmouth	18	4	14
Morris	13	7	6
Passaic	4	2	2
Somerset	4	2	2
Sussex	14	11	3
Bucks Co, Pa.	5	1	4
Total	103	42	61

Number of dairies; first inspection..... 58
Number of dairies; reinspection..... 45
Number of water samples collected from dairy premises..... 11

Inspections were made at the request of the following local boards of health: Asbury Park, Collingswood, Hoboken, Orange, Paterson, Summit and Westwood.

Creameries.

Fifty-five creamery inspections were made during the month, as follows: Allenhurst, Annandale, Asbury Park 9, Baptistown, Barley Sheaf, Bradley Beach, Bridgeville, Chester, Clifton, Clinton, Columbus, Flemington, Great Notch, Hoboken, Jersey City, Lodi, Monroe 3, Morristown, Newark 8, New Brunswick 4, Ocean Grove 2, Passaic 3, Paterson 8, Plainfield, West Portal.

Number of creamery licenses recommended, 7; number of letters sent to creamery operators, 34; number of water samples collected from creamery premises, 1.

During the month ending August 31, 1910, 92 inspections were made in 66 cities and towns.

The following articles were inspected during the month but no samples were taken:

Milk, 370; butter, 85; foods, 144; drugs, 2.

Other inspections were made as follows:

Milk cans, 184; milk wagons, 221; milk depots, 41; drug stores, 2; slaughter houses, 31; oyster grounds, 6; dairy farms, meat markets, 4; fruit stores, 2; sanitary inspections, 2.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 158. Public water supplies, 59; private wells, 74; dairy supplies, 12; creamery supplies, 1; State Institution supplies, 1; sewerage samples, 7; miscellaneous, 4.

Inspections.

Public water supplies inspected at Island Heights, Sea Girt, Spring Lake, Manasquan, Clayton, Glassboro, Absecon, Ventnor, Midland Park.

Sewage plants and systems inspected at Merchantville, Stone Harbor, Millville, Moorestown, Roebling, Collingswood.

Special inspections at Belmar, Allenhurst, Asbury Park, Salem, Millville, Jersey City, East Trenton, Camden, Birmingham, North Paterson, Midland Park.

Stream inspection on Wallkill, Raritan, Delaware and Passaic Rivers.

Notices to cease pollution sent, 282; pollutions reported, 72; reinspections made, 17; pollutions reported abated, 5; plans for sewage disposal plants approved, 2; plans for water plants approved, 2; cases referred to the Attorney General, 7.

Reports of State Examining Boards.

	Examined.	Passed.	Failed.
Arizona, July	11	6	5
Colorado, July	25	21	4
Connecticut, July	35	27	8
Georgia, May	113	108	5
Idaho, April	38	24	14
Kansas, June	65	54	11
Missouri, June	125	114	11
Ohio, June	151	147	4
Pennsylvania, June	347	308	39
Vermont	17	16	1
Washington, January	105	81	24
West Virginia, July	67	48	19

Soothing Syrups Barred.

The Philadelphia Association of Retail Druggists, at a recent meeting, adopted a resolution binding its members to discourage the sale of the class of preparations known as "soothing syrups," designed for the use of infants and containing habit-forming drugs.

Medical Societies Annual Meetings.

American Electro-Therapeutic Association.
Saratoga, N. Y. Sept. 13-15, 1910.

American Academy of Ophthalmology and Oto-Laryngology.
Cincinnati, Ohio, Sept. 19-21, 1910.

American Association of Obstetricians and Gynecologists.
Syracuse, N. Y., Sept. 20-22, 1910.

American Association of Railway Surgeons.
Chicago, Ill., October 19-21, 1910.

American Medical Association.
Los Angeles, Cal., June, 1911.

Medical Society of the State of Pennsylvania.
Pittsburg, Pa , Oct. 3-4, 1910.

Delaware State Medical Society.
Wilmington, Del., Oct. 13, 1910.

Medical Society of the State of New York.
Albany, N. Y., April, 1911.

Connecticut State Medical Society.
Hartford, Conn., May 24-25, 1911.

Massachusetts Medical Society.
Boston, Mass., June 14, 1911.

Medical Society of New Jersey.
Asbury Park, N. J., June 27-29, 1911.

Dickens makes the good wife of a good doctor say:

"We are not rich in the bank but we have always prospered, and we have quite enough. I never walk with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises, or see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain, or soothed some fellow creature in time of need. I know that from many, thanks have often gone up in the last hour for his patient ministration. Is not this to be rich?"

During and after the healing of fractures of the shaft of the humerus, the forearm and hand should be examined for wrist-drop and other evidences of musculo-spiral paralysis.—Amer. Jour. of Surg.

The presence of diabetes should not deter the surgeon from giving a patient with that malady the benefit of relief from a surgical disease.—Amer. Jour. of Surg.

The best point for entering the maxillary antrum is about one inch from the edge of the nostril, below the inferior turbinate.—American Journal of Surgery.

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See the eye-opening editorial articles on this topic in the Journal of the American Medical Association, July 2, 1910, under the caption, "Pharmaceutical Manufacturers and the Great American Fraud," also our "Open Letter to Every Doctor" in the Journal of the American Medical Association of July 16th. They are worth reading. And send for a copy of our new "Digest of Positive Therapeutics," just off the press, enclosing ten cents in stamps to pay the cost of mailing. It contains over 300 pages of usable information; bound in flexible cloth.

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SURGICAL MISHAPS.*

By Frank D. Gray, M. D.,
Jersey City, N. J.

Surgeon to Christ Hospital and Jersey City Hospital: Consulting Surgeon to North Hudson Hospital.

Most papers on medical or surgical subjects deal with successful accomplishments; not, however, because such are the only results obtained; neither is it because optimism is an all-prevailing sentiment in the profession.

All meet with discouraging experiences, but it is an easier task, and generally more edifying, to dwell upon success than failure—unless it be the failure of the other fellow.

To record one's own mishaps is to invite criticism and requires courage; to speak of another's professional imperfections is to court dislike, and the wise man avoids it; yet some of our most valuable lessons are learned in the school of bitter experience. No picture is perfect without shadows as well as lights, and it is well, sometimes, to look at the reverse side of the shield.

The chief compensation of a stumble is learning to walk erect, and the confessional is sometimes a saving means of grace. This, then, is my apology—if one is necessary—for a digression from the usual type of subjects presented for your consideration.

Mishaps in surgery are of two general classes, one of diagnosis and the other of technic. Each, again, may be sub-divided into the excusable and inexcusable. The latter are, more strictly speaking, blunders. Both will receive some attention.

To pronounce a stomach lesion cancer, after a careful consideration of history, symptoms, physical signs, blood analysis and chemical tests, coupled with deliberate valuation of all the evidence and logical exclusion of improbabilities, and then, on operating, to discover a chronic ulcer, is a diagnostic mishap which may happen to the best. To do a nephrectomy and find at autopsy that you have removed the patient's only kidney, when cystoscopy and ureteral catheterization would have revealed that fact, shows a diagnostic weakness amounting to a blunder.

To divide a ureter while extirpating a laterally misplaced uterus is a technical mishap which none may always escape. To leave a sponge or artery forceps in the peritoneal cavity for lack of a final count, or the ligature of a septic appendix with non-absorbable material, is a technical blunder that should never occur.

When you have seen one of America's most noted surgeons—a man of international fame, whose work on surgery contains twenty pages on aseptic and antiseptic wound treatment—operate one day, bare-handed, a rankly septic knee-joint, and the next day do a brilliant chest girdle amputation at the shoulder—a perfectly clean case—also with bare hands, from which the infection of the previous day could not have been removed, and have learned, three days later, that the second patient is dead of acute sepsis; when, again, you have seen one of London's most eminent operators deliberately remove eleven ribs from a man, suffering with empyema, the patient removed from the operating theatre moribund, and a few moments later the house surgeon return and report the patient dead,

* Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 29, 1910

at which the surgeon says, "Oh, the devil! that's disappointing;" when, also, you have seen one of the most brilliant operators in our own State forget the danger of hydrostatic pressure on a bladder connected with a fountain syringe full of water at an elevation of four feet till the viscus ruptured, and when you have in your own experience seen a post partum case go into sudden collapse and die as a result of a vaginal injection of water twelve hours after delivery, not to speak of numerous less striking examples, you realize that there is a degree of recklessness—or lack of forethought, to say the least—in high as well as low places, justifying an occasional word of warning such as I present to-day.

Consideration of this subject may, perhaps, be facilitated by viewing it somewhat according to regional anatomy. No section of human geography has been the scene of more frequent surgical mishaps, both diagnostic and technical, than the abdominal cavity.

A surgeon in the City of Brotherly Love, who, one day, announced to his clinic, that he would operate on a renal tumor, but the knife revealed a distended gall bladder, while, the following day, he presented a case which he said was cholelithiasis, but operation showed it to be a renal growth, said to the class: "Gentlemen, you might as well expect to always be able to name the sort of wood in a table by feeling of it through the cloth, as to predict the nature of an abdominal mass by palpating it through the walls." This may be an exaggeration, but the statement was made by an accomplished operator and is some consolation to those of us who have had much of the same sort of experience.

My surprise was great, on one occasion, when I expected to remove a chronically inflamed appendix that had apparently caused two distinct attacks, and which could be felt as a distinct induration under the examining finger, to find a normal appendix, but an inflamed undescended ovary. The incident was not serious, for surgical intervention was indicated, but it was rather humiliating to my diagnostic pride and served to emphasize the fact that many other things aside from the appendix may cause pain and tenderness as well as rigidity in the southwest corner of the abdomen. It would impugn your intelligence to enumerate them all, but the incident mentioned suggests others in that vicinity that may be of interest.

A young married woman presented evidences of acute appendicular abscess—pain and tenderness at McBurney's point, rigidity, elevation of temperature and a distinct right pelvic mass. I afterward remembered that I had not noticed whether or not the uterus was normal in size and position; in fact my attention was entirely absorbed by the evident appendicitis with abscess formation. My findings were confirmed, without suggestion on my part, by the attending physician. Operation disclosed, to be sure, an appendicitis but *no mass* in the right pelvis. There was, however, a *three months' pregnant uterus,* which, under the anæsthetic, was normally located. There was no evidence of tubal involvement or any abscess in that neighborhood that might have emptied in the interval. The reasonable conclusion is that the uterus had by some freak, perhaps through reflex irritation from the appendicitis, and unequal muscular action, rotated over to the right side. The pregnancy went to term, but the incident suggests the importance of examining women in such conditions under the relaxing influence of anæsthesia in order not to be confronted by such a diagnostic mishap.

In another recent instance I was equally certain of a right pyo-salpinx. The sudden onset of pain, tenderness and temperature were quite characteristic. The mass in the right pelvis was rather large, but no more so than one sometimes finds in a distended tube. An unusual fullness, somewhat anterior to the uterus, was the most disturbing element in diagnosis. Operation showed the condition to be a cyst of the left ovary, the size of a large orange, semi-gangrenous from strangulation through a twisted pedicle. This illustrates the importance, if we would avoid diagnostic accidents, of considering *all the possible phases of pathology* that may account for symptoms and then arriving at the greatest probability by a careful process of exclusion.

Diagnosis by exclusion, versus "snap" diagnosis, is the only safe method. Here I could, no doubt, have demonstrated, at any rate under anæsthesia, the absence of the left ovary from its normal position and then, remembering the known tendency of organs to rotate from left to right, have suspected that I had to deal with a strangulated left ovarian cyst.

As is understood, the thoracic organs—lungs or pleura—through reflex influence are occasionally responsible for surgic

mishaps in the abdomen, as when a pneumonia or pleurisy leads to operation on a supposed appendicitis. The reverse happening is not so common, but nevertheless occurs. A hospital patient was admitted with evident general peritonitis, probably secondary to appendicitis. The history was of a two days' illness and he had walked to the hospital from some distance. The abdomen was distended and rigid; pulse rapid and wiry, temperature high, and respirations fifty. The last feature suggested a pulmonary complication and I found a higher line of dullness over the lower right chest than the liver would account for. Naturally suspecting a secondary empyema, I introduced a needle and withdrew a syringeful of pus. Having settled the diagnosis, positively, as I supposed, I began the operative procedure by doing a thoracotomy. The pleura was absolutely normal. The elevated line of dullness was the liver, pushed up by abdominal distension. The needle, introduced rather low down, had gone through the diaphragm and drawn pus from the peritoneal cavity, which was swimming with it. Thus apparently positive findings will sometimes trip us through unwarranted interpretation. Another point of interest in this case was that no appendicitis existed, but a perforated typhoid ulcer. More care in taking the history would have shown, as was afterward learned, that the patient was really ill for *two weeks* before admission to the hospital, but acutely only for *two days*. In other words, walking typhoid for two weeks, perforation and acute general peritonitis for two days.

Perhaps no abdominal or pelvic organ has been responsible for more inexcusable diagnostic and technical mishaps than the bladder. "Never forget the bladder" is advice frequently neglected. A humiliating incident in my own experience was along this line. A woman of the unfortunate class was brought to the hospital from an industrial home. She had been on a prolonged debauch and was suffering severe, intermittent abdominal pains. An enlarged abdomen would comport with a seven months' pregnancy and was flat to the umbilicus but fluctuating. The vagina was almost obliterated by a bulging of the posterior wall and also fluctuating. The cervix high up anteriorly, body of uterus not palpable. The intermittent, bearing down pains suggested a pregnancy with impending miscarriage, but from the physical signs I thought there was a complicating large ovarian cyst and ordered preparation for laparotomy. When about to begin the operation I was asked by a spectator if a catheter had been used. It had not. I had ignored the bladder, being told by the nurse that the patient voided. A catheter was introduced and *two gallons* of urine withdrawn. The tumor disappeared; pains ceased and I was saved more than a humiliation. During her intoxication the woman's bladder had become overfilled and paralyzed, with consequent overflow that had been interpreted as normal urination. I have since seen, in consultation, two other cases in which the female bladder held, without rupture, respectively *six quarts* and a *washbowlful* of urine. Any physician who has had one experience of this sort will always beware of the bladder. The female viscus will hold almost any quantity short of a bucketful; not so the male, as was proven on one occasion when I attended a man, who also had been intoxicated for days and whose bladder had ruptured with severe extravasation of urine from phimosis—stricture of the foreskin, if you please.

Technical mishaps in abdominal surgery are due to a variety of causes that range from the faulty application of Lembert sutures to leaving a sponge or artery forceps in the peritoneal cavity. They may be roughly classified as: (a) improper and unsterile suture or ligature material leading to non-union or infection; (b) faulty suture or ligature methods, resulting in fecal extravasation or concealed hemorrhage, raw peritoneal surfaces causing adhesion and possible obstruction; (c) defective methods of drainage, as well as any drainage where none is needed, or no drainage where it is necessary; (d) leaving foreign bodies in the peritoneal cavity; (e) deficient general aseptic precautions, and (f)—last but hardly least—improper wound closure, causing complete separation or post-operative hernia. No doubt most of us who have had or seen much abdominal surgery could recall instances illustrating each of these headings. Time and space forbid my citing such as I might. More practical will it be to briefly indicate how some of these accidents may be avoided.

Of all mechanical devices for intestinal anastomosis none is more deservedly popular than the Murphy button, and the mishaps attending its use have been mainly due to imperfect adaptation of the button to varying sizes of intestines, inclusion of mucosa between peritoneal surfaces, im-

proper attention to the mesenteric border and the use of the button where peritoneum does not well surround the gut, as in the large intestine. Proper care will obviate these mistakes.

A recent device of A. Soresi[1], of New York, on account of its simplicity, economy and effectiveness, bids fair to rival and perhaps supersede the Murphy button for end-to-end anastomosis. It consists merely of a short section of large calibre rubber tubing which serves as a support for the open intestinal ends. A stout piece of catgut is sewed in and out around the middle of the tube circumferentially, in a series of loops, which project about one-eighth of an inch from the tube surface—the ends of the catgut left long. The usual mesenteric border suture is inserted and the tubing placed within the intestinal ends, a Pagenstecher continuous matrass suture is then passed from one end to the other, joining the intestines, preferably including all coats, and each time that this suture crosses the line of junction it is threaded through one of the catgut loops on the tube. When this is complete, traction on the long ends of catgut draws the matrass suture snug on the tube, inverting the line of union and producing accurate serous apposition; within a few days the inverted ends are strangulated and slough, the tube, with sutures attached passing away through the bowel as does a Murphy button, only with less chance of accident. The description is imperfect without illustration, but the matter is worth looking up.

All suture union is, naturally, the ideal method of anastomosis in the hands of a surgeon who has perfected the technic by practice on animals or the cadaver. Avoidance of mishaps depends not so much on the selection of any particular variety of all suture technic as on the thorough mastery of some particular one.

With present methods of preparing catgut the mishaps of infection from septic sutures or ligatures are comparatively rare. There is more danger in placing non-absorbable material in an infected field, for permanent thread is quite certain to become infected and result in septic peritonitis or a fistulous track. The use, however, of an absorbable ligature on the appendix stump or of such material for a purse-string in inversion, involves a risk of premature absorption with fecal extravasation or a fecal fistula. The material in such cases should be of Pagenstecher and, when infection necessitates drainage, left long enough to extend out of the wound, so that it may subsequently be removed.

Remember in using catgut for ligatures that it slips easily and a third knot is advisable to guard against secondary hemorrhage, even when using a square knot.

To drain or not to drain, and with what, in abdominal cases, is often a serious problem, the proper solution of which avoids troublesome if not serious mishaps. Of course, many of those cases we formerly drained do well without.

When compelled to drain, the type of drain is important. Solid drains, such as glass or very heavy rubber tubes may produce pressure necrosis; gauze or cigarette drains are faulty, for they only remove serum, and for a shrort time; pus they dam up; gutta percha tissue is liable to tear on attempted removal and remain in the wound; rubber dam is to be preferred. Tubes only drain from the deep end or perforations that easily become plugged.

A most serviceable and safe abdominal drain was recently devised by W. L. Peple, of Richmond[2], and consists of a split rubber tube into which is sewed several folds of rubber dam. It is easily introduced to any desired depth, can be removed with facility, possesses capilarity without acting as a plug on account of the folded dam and, a very important point, drains not only from the bottom but all along the side of the tube, owing to the longitudinal split, which does not become clogged.

Unintentionally leaving foreign bodies in the peritoneal cavity, while less frequent than formerly, still occurs. An instance of a gauze sponge left behind at an appendectomy came under my observation within the past two months. It was removed by another surgeon at the end of three weeks, during which time the original operator could not understand the obstinate discharge from the wound. While "eternal vigilance" is the price of freedom from these mishaps, a few practical suggestions may be of value.

Two persons, nurse and assistant, should be held strictly responsible for a preliminary and after count of sponges and instruments. Even then it is better never to introduce a small sponge into the abdomen except on a sponge holder. Instead of trusting tapes and ends of strip packing to artery forceps which may loosen, it is better to string all such on a stout silk thread controlled by one secure clamp. Moreover, when the space worked in will permit, instead of several small gauzes or pads use

a large roll, which is not only more efficient in holding back abdominal organs and viscera, but cannot be overlooked in making the toilet.

It is a curious fact that the mortality from overlooked gauze sponges in the peritoneal cavity has been much less than that formerly due to the sea sponge under the same circumstances, owing, no doubt, partly to the fact that the former are sterile, but also to a fashion the gauze has of working into the intestine and eventually appearing in the rectum. This, however, should not encourage carelessness.

Separation of laparotomy incisions and post-operative hernia are also less frequent than of old, because suture material is more generally aseptic, tier sutures more universally used and drainage less often resorted to. It is surprising, however, through how small a mural defect a post-operative hernia may escape. One followed a recent Gilliam suspension, the intestine escaping along the round ligament, through the buttonhole in the abdominal wall. No doubt I made an unduly large perforation in the wall.

Suppuration in laparotomy wounds has greatly diminished since the general abandonment of through-and-through sutures, which favor deep infection from the skin. Skin sutures should not penetrate the deeper tissues.

So much space has been devoted to mishaps in abdominal surgery, where they are most frequent and perhaps most serious, that I must touch briefly on those of the thorax, head and extremities, trusting that the discussion will develop further detail than those which the reader's personal experience and observation have suggested.

While no organ or viscus in the abdomen escapes partial or complete operative removal or repair, owing to their accessibility through coeliotomy and the facility with which the peritoneum lends itself to plastic procedures, operations within the thorax, in the nature of things are comparatively limited, with a consequent limitation of mishaps. Chest walls and pleural cavities, however, are accessible and the latter is fairly tolerant of surgical procedures, but while surgery of the lungs, heart, œsophagus, mediastinum and great vessels is possible, most of us see few instances demanding it and are better pleased that such is the case. I shall limit my observations on this region to some mishaps connected with the pleura.

One of these involved a case of left hæmothorax from a self-inflicted wound on the mammary line in the fifth intercostal space. The man was pulseless and in such profound collapse that an explorative operation involving general anæsthesia was inexpedient and I resorted to direct transfusion of blood for immediate relief—a ward patient in excellent health except for a fractured leg generously consenting to donate the blood—a curious coincidence being that his name was Bloodgood. A Brewer tube was used to connect the vessels under local anæsthesia, and the patient received a half hour's donation of blood, his color returning and his pulse becoming of fair quality, rate 130. The improvement was maintained, and in fact increased, for more than 24 hours, the pulse coming down to 118, indicating a cessation of internal hemorrhage, when suddenly pulse, temperature and respirations shot up and the patient died within an hour and before I could be summoned. An autopsy was refused.

What was the cause of this mishap? Did I trust too confidently to the effect of transfusion? Should I, when the improvement permitted it, have taken nothing for granted, but searched for the internal damage—wound of intercostal, apex of heart or what not? I fear so. I acted on the principle of letting well enough alone, and as a consequence had a death that I might probably have prevented. I have had the satisfaction within a few months of saving two lives by the little operation of direct transfusion, but I suspect that in this case the procedure lulled me into a false sense of security.

A mishap of transfusion is worth mentioning in connection with the Brewer tubes. In my opinion they are the most practical and expeditious device for coupling the vessels, but the transfusion may be prevented by the mishap of a coagulum in the tube unless extreme care is exercised in coating the lumen with paraffine. The accident occurred in my first case after a donation of seven minutes—which, though unsatisfactory, was sufficient to promote hæmogenesis and the patient recovered. To avoid coagulation in the tube it should not be merely dipped in the melted sterile paraffine, but allowed to remain submerged until all tiny air bubbles cease to rise to the surface. In this way you know that the lumen is filled, just as you know that a plaster-of-paris bandage is saturated by the same token. Then a quick, sharp shake of the tube will divest it of surplus

paraffine and it is ready for use and will not disappoint.

Failure to find pleural fluid with an aspirator when the physical signs indicate its presence is not very uncommon, but inability to aspirate a pleural cavity a few hours after one has withdrawn a hypodermic syringe full of sero-pus is an embarrassing mishap which I recently experienced. A child of two years had suffered extensive burns and I found the left chest bulging and flat on percussion. A needle, introduced into the sixth interspace, mid-auxillary line, secured a syringeful of very thin pus, the evident diagnosis being secondary empyema. Neither the attending physician nor I had an aspirator at hand and we agreed to return in the afternoon and remove the fluid. At the subsequent visit nothing could be found, even with repeated punctures in the same locality. Moreover the bulging and flatness had disappeared. Two days later I had the curiosity to repeat the experiment and again met with failure; the chest was still resonant. Aften ten days the child died—apparently from exhaustion due to the burns. No autopsy was secured. Now what became of the fluid? Or perhaps you will ask to what was my failure due? I think the pus must have gone into the intestines, but cannot prove it, as there was no history of its being passed as such. It was not vomited, nor was it coughed up. It was not peritoneal fluid, as in a former case, as there was no evidence of peritonitis and the short needle could not have reached it from the sixth inter-space any way. The aspirator needle was of good calibre and free, while the apparatus was proved to be in working order. What other reasonable conclusion is there? A colleague, who knew of this case, told me that he had a similar experience and later saw the pus passed by the bowel.

Many of our results in the treatment of empyema are surgical mishaps of the pleura, where crippled lungs and sinuses discharging for months or years, sometimes terminating in death from exhaustion, reward our most arduous efforts. These cases may fairly be regarded among the opprobria of surgery.

That many permanently compressed lungs will be avoided by sufficiently early attention is obvious. That old sinuses may be closed by Beck's bismuth paste injections is claimed. We may ask the pertinent question, is there a better plan for dealing with most empyemas than the routine of open operation, thoracotomy, rib resection, etc.? John B. Murphy says there is. He claims that "All empyemas which do not communicate with a bronchus or the abdominal hollow viscera, may be cured by aspiration and the injection of a few drams to 2 ounces of a 2% solution of formaline[3]." The formaline solution must be 24 hours old to avoid toxic results. Reaspiration and re-injection may be necessary, but six years' experience has convinced Dr. Murphy that the fluid becomes sterile and is eventually absorbed. Any method that promises improvement on the usual routine treatment of these cases deserves a fair trial.

Surgical mishaps in the region of the head and neck are perhaps only second to those of abdominal surgery on account of the possibilities afforded by traumatisms and pathologic conditions of the brain, organs of special sense, accessory sinuses, vessels and glands. I shall, however, only allude briefly to some accidents of *cerebral* surgery.

The diagnosis of brain lesions depends so largely on accurate and profound knowledge of the complicated focal symptoms that the general surgeon would avoid many mishaps if he were to secure the help of the neurologist in such cases.

In traumatic cases, however, the surgeon has at least one superior resource—the *explorative incision*. Much is heard about abdominal explorative incision, and but little of cerebral, or perhaps more corectly speaking, *head* exploration. Concerning safety, the latter certainly has the advantage, while as an aid to diagnosis it should at least rank as an equal.

By head exploration I mean free enlargement of existing scalp wounds; free incision of scalp when no wound exists, when skull injury is suspected but not proven; removal of a button of bone when necessary to prove the condition of the inner table or dura; incision of dura and exploration of brain by probe or director if needful to ascertain underlying conditions.

Only by this method may we unmask concealed skull depressions, meningeal hemorrhage and brain abscesses.

Two cases, one involving and the other avoiding a mishap will serve to illustrate.

The first was treated in the outpatient department for what seemed a very ordinary wound of the forehead near the hair line on the left side. It was sutured and healed kindly and sutures were removed in two days. Two weeks later he returned

with a small abscess in the wound and for ten days he received dressings in the dispensary, nothing unusual transpiring. At the end of that time he was admitted to the hospital suffering from right hemiplegia (arm and leg) right facial paralysis, choked disk in right eye and amnesic aphasia. In view of history and symptoms the diagnosis of abscess in the left motor area was so evident that I at once did the usual routine—trephining over the fissure of Rolando, removing 2 by 1½ inches of skull. To my surprise the brain pulsated freely and on incision of dura and introduction of a director in various directions no pus was found. Notwithstanding this, all symptoms promptly disappeared, showing that pressure somewhere had existed and was relieved by the operation. In a week the paralysis and aphasia returned and though the patient's condition was now critical and any further operative procedure dangerous, I decided to explore the brain *immediately beneath the traumatism,* but death ensued at 5 A. M. of the day I had expected to operate. Autopsy revealed a 2-ounce abscess in the left frontal lobe, where I would have found it and probably have saved a life had I done an *explorative trephining* immediately on failing to find the trouble where the conditions indicated that it existed.

The second case was that of a man who had been struck twice on the head with a hammer, on the upper forehead and over the right parietal. A probe struck denuded bone, but I could not demonstrate a depression in either location. A free enlargement of both scalp wounds showed no fracture on the forehead, but on top of the head there was a comminuted fracture the size of a coat button, both tables depressed a quarter of an inch. No pressure symptoms indicated this and there probably would have been none. Yet here was a traumatism that offered a fine prospect of later epilepsy. To-day the man is none the worse except for two good sized scars on his scalp.

Concerning surgical mishaps in the extremities I will ouly touch on a few points relating to fractures and joint conditions. Fracture mishaps are usually not buried, but survive to confront and dismay the surgeon. At the same time the recognized value of X-ray in diagnosis and of modern operative treatment leave him little excuse. A badly functionating leg from fracture of the patella, without operation, is near malpractice, while a stiff knee, on the other hand, as a result of operative procedure, is in the same category.

"Silver Fork" deformity from Colle's fracture is practically inexcusable, since reduction is the crucial matter, and reduction can be accomplished under anæsthesia. The supreme importance of anæsthesia in reduction of fractures and dislocations and the proof of reduction by radiograph must ever be borne in mind. It will pay not only in ease of mind but in dollars and cents.

That fractures of the upper or lower third of the femur must be treated on a double inclined splint with Buck's extension in line of the thigh, not leg, was recently brought forcibly home to me. I made the not rare but inexcusable mistake of accepting a previous diagnosis—the cause of many mishaps—and left such a fracture, in a man of 73, as I found it, in straight Buck's extension with the result that my successor discovered a bad deformity and non-union. My chagrin was only mitigated by securing the privilege of resecting and wiring the ends of the bones with excellent result, despite the patient's advanced age.

Allusion to my confidence in surgery of the knee-joint leads me to say that while I believe in it I also fear it more than almost anything else—not the fear that prevents my doing it, but which enforces all the details of most rigid asepsis. The peritoneal cavity is not to be compared to the knee-joint.

My nearest approach to a malpractice suit was on account of an ankylosed knee after operation on a clean case. I was saved by the ethical conduct of a Fellow of this Society, who told the patient when approached for an opinion that it might have happened in his own practice or that of any other surgeon—a spirit to be commended to all in the presence of other mishaps.

1. Proceedings International Medical Congress, Surgical Section, Buda-Pest, 1909.
2. The Journal of the American Medical Association, Vol. LIV, p. 1499.
3. Practical Medicine Series, 1909, Vol. II, p. 222.

DISCUSSION.

Dr. William F. Faison, Jersey City, opening the discussion on this paper, said that the internist buries his mistakes with his patients, but that those of the surgeon live after his patients have gone. He wished to touch upon some of his own mistakes in diagnosis in abdominal surgery, to which most of his work was confined. Some excuse could be found, he thought, for mistakes in diagnosis in this region, when one considered the presence of the

sympathetic plexus, referring pain in one organ to another, as seen in appendicitis in children operated on for pneumonia. The mistakes in abdominal surgery might be divided into those of omission and those of commission, and into the excusable and the inexcusable.

Dr. Faison referred to the fine paper on Gastric Surgery that had been read by Dr. Staehlin, and said that in ulcer of the stomach, particularly in chronic duodenal ulcer, the operation par excellence is posterior gastrojejunostomy; but that one should not open the abdomen when there are symptoms of ulcer of the stomach. He had had two such cases recently. In one, the diagnosis was made by means of the Einhorn bucket as being undoubtedly duodenal ulcer. Dr. Faison thought that if after cutting into the abdomen one should not find duodenal ulcer or chronic obstruction of the duodenum, there should be a look into the back of the stomach; but there should not be added insult to injury by doing a gastroenterostomy. He had done this twice; Dr. Mayo had done it frequently, and had had to undo a lot of his cases. Gastric surgery, said Dr. Faison, is getting upon a solid foundation, and it is now known that gastroenterostomy will not cure hemorrhage of chronic ulcer. Carcinoma of the stomach occurs in seventy per cent. of cases on ulcers of the stomach, and carcinoma of the duodenum is almost unheard of. In the stomach, when Mayo excises an ulcer, he turns it in in most of his cases; but not in the duodenum. One should look through the abdomen after opening it. We cannot always diagnose chronic appendicitis, stone in the kidney, gallstone or pancreatitis beforehand; but we should look through the abdomen after having cut in and find it. If nothing is found the wound should be sewed up.

DR. GORDON K. DICKINSON, Jersey City—The paper of Dr. Gray, besides being interesting and instructive, partakes of the nature of a vivisection. Much good is the result of dissection of one's work, particularly of one's failures, but vivisection is not popular with a certain class of the public and it would not be wise for what he has told nor for what Dr. Staehlin has acknowledged to become property of the editor of the New York Herald nor of the executive osteopath of our State because it is by our errors they judge us. We are but a mass of protoplasm undergoing evolution. Our brains as a part are changing. Education and environment so modify our knowledge, our experience and our thought that the art of medicine has gradually become too broad for one mind to grasp. Since Adam inherited the fig-leaf and natural sin we have been prone to error and to the making of mistakes, but he who exhausts all known methods in diagnosis, he who is careful to weigh logically all evidences, whether clinical or from the laboratory, before coming to an opinion, may be exonerated. In Hildebrandt's clinic after careful taking of clinical history, studying of analyses, examination of X-ray plates, a diagnosis of hour-glass stomach was made. Celiotomy showed a perfectly normal stomach. Errors in diagnosis may come through ignorance, and it behooves us to recognize that the many of our so-called operators are so satisfied with the conceit of their ignorance that poor diagnoses are not disturbing, but to the careful observer and careful worker misfortunes may come through undue haste; for instance, one of our Western surgeons, hurrying through his thirtieth operation to go to a wedding, found a large hyponephroma. Instead of carefully dissecting out the kidney he turns his back to the table, puts his hand behind him and cleaves up the mass, only to find that the line of cleavage had carried his finger into the duodenum and vena clava. Criles tells us that in conditions of nerve exhaustion the normal relation between the nucleus of the cerebral cells and the surrounding protoplasm is altered. Others say that the terminal brush of the neuron is not as closely approximated to the peripheral nerve cell, but it is in times of tire or so-called neurasthenia that many errors are made. A run of pus-tubes with adhesions and mussy work which accompanies their extraction does not instill enthusiasm into the operator; disturbances due to imperfect correlation in the operating-room, a careless orderly, a strange assistant, the end of a long operative season when the brain fags, all tend to lead to errors, and it is wise when the operator recognizes this condition for him to take to the woods.

THE SPONTANEOUS CURE OF MALIGNANT DISEASE?*

BY ALEXANDER MARCY, JR., M. D.,
RIVERTON, N. J.

The term malignant disease as used in the title of this paper is meant to apply particularly to carcinoma, and the question of its spontaneous cure is one of very great interest. It is the concensus of medical opinion that surgery can and does cure cancer if applied sufficiently early, and does it by thoroughly removing the disease while it is localized. It may also be removed by methods other than the knife and in this way cured, but here also it is because the diseased tissue is entirely removed before it has had a chance to invade any other part of the body.

But is malignant disease ever cured spontaneously even after it has existed long enough to have become established in different parts of the body by so-called metastasis? This is a question which I think can be answered in the affirmative, and a sufficient number of cases have been reported to substantiate such a statement.

As to how such cures are accomplished and by what means they are brought about I think we are not at this time ready to speak with certainty, but reasoning from analogy, and in view of the results obtained in the experimental study of this disease, we may conclude that there is developed in the system of the person so

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affected, through some biochemic change, an antibody which has overcome the pathologic process that has been going on and which had produced in a certain part of the economy the carcinomatous disease. The exact nature of these changes, how and why they are produced, etc., it is not my purpose to take up in this paper, but we may consider this phase of the question still undetermined. While much has been accomplished there is still more work to be done in order to elucidate this part of the subject and it can only be properly done by the laboratory worker and the experimentalist. I wish to place on record another case of malignant disease which has been symptomatically cured.

H. R., colored, widow, age 55, has had five children, always worked very hard. In September, 1908, she came under my care complaining of loss of strength and ambition, great back ache and distress in lower abdomen. Careful examination showed nothing wrong with heart, kidneys, liver, stomach, etc. She had an enlarged uterus, a lacerated and hypertrophied cervix, and a lacerated perineum; there was complete procidentia, as well as ptosis of all the intra-abdominal organs.

I advised operation, which was promptly refused. I then tried all kinds of mechanical support, together with rest in bed, tonics, etc., but to no purpose, I insisted on operation and at last she reluctantly consented. November 11th, 1908, she was taken to the hospital. The pre-operative history showed nothing outside of the pelvic lesions.

She was operated on November 23rd, the usual plastic work being done. The post-operative history was uninteresting, it being afebrile and uncomplicated. She was discharged from the institution December 5th, 1908.

She continued to improve in health after her return and in a few months said that she felt better than she had been feeling for years. She was able to resume her household duties and for a short time her general health was very good.

April 1st, 1909, I was called to see her and found her in bed with what seemed like an attack of influenza, fever, pains in various parts of the body, chilly sensations, cough, etc.. She told me that she had not been feeling as well of late, had been losing flesh and strength, had considerable digestive troubles, pain, nausea, poor appetite, etc. I examined her carefully and could find nothing particularly wrong excepting the acute attack of influenza. There was some pain and tenderness in the epigastric region, but nothing could be made out at this time. She soon recovered from her acute illness but continued to lose flesh and strength, developed a troublesome cough, had increased epigastric pain and tenderness and in every way showed evidences of some serious organic disease. She was repeatedly examined, her lungs, heart, kidneys, liver, etc., still showing no evidences of disease, her blood count was normal, excepting for a slight secondary anemia. She continued bed-fast and lost flesh and strength rapidly. Repeated examination of the abdomen finally revealed an indistinct epigastric mass which was slightly tender to the touch and suggested a malignant tumor connected either with the stomach or pancreas. Soon after this was discovered a nodule appeared under the skin in the left hypochondric region slightly below the costal border and outside the abdominal wall, apparently in the cellular tissue. This was hard, irregular and somewhat sensitive when manipulated. A similar mass was discovered on the right side. They gradually developed in size until they became as large as one's fist. The intra-abdominal growth became more and more evident until it was as large as one's head. During this time her general health failed very noticeably. She vomited after taking food, complained of almost constant pain, had a rapid pulse, but no rise of temperature. She continued to lose flesh and strength, developed general anasarca, ascitic fluid appeared in the abdominal cavity and every indication pointed to an early termination of the case by death.

In the early history of her illness the patient was treated actively with mercurials and iodides in large doses with the idea that the case might be a specific one. No improvement following this line of treatment, she was treated for a possible tubercular lesion, but nothing in the way of specific treatment seemed to do any good and the case went on from bad to worse. Realizing the futility of further medication, I finally settled down to palliative and expectant drug medication, with such food as she could be persuaded to take, an unfavorable prognosis given, and her friends and family told that there was no hope of her recovery. As time went on and she did not die, I began to get interested in her local

lesions again and found that they were getting unmistakably smaller, her general condition seemed better, and I began to realize that she was suffering more from the drug habits that she had formed than she was from the disease for which they had been given. My efforts now were directed to overcoming this condition and by the time I had succeeded in accomplishing this I found to my astonishment and delight that every vestige of the tumors had disappeared. I got her out of bed, gradually down stairs and out-of-doors. To-day she seems to have recovered entirely, and barring the fact that she is still somewhat anemic, neurasthenic, and not quite up to her usual weight, should regard her as practically well.

During her illness she was carefully examined by Drs. Boysen, Stokes and Robert N. Wilson, and they all agreed that she was suffering from a malignant disease, probably carcinomatous, and all gave an unfavorable prognosis.

There are two questions in connection with this case that are both interesting and important. The first is, was this a case of malignant disease? Personally I believe it was, and yet I have no means of positively proving it. In an experience of thirty years I have seen quite a few cases of malignant disease of the abdominal organs, and in every clinical aspect this case resembled those that I have seen come to autopsy. The second and perhaps most important question is, do cases of carcinoma ever recover spontaneously?

Dr. Eugene Hodenpyle reports such a case in the *Medical Record,* February 26th, 1910, as follows:

"Case one of carcinoma of the breast. Woman aged 37. The clinical history and morphology of the tumor were typical of rapidly growing cancer. In spite of radical operation, multiple recurrences appeared in the neck and in the primary scar. These were thoroughly removed and secondary growths appeared which were also typical of rapidly growing carcinoma. Still other tumors developed in the neck and breast, which were not removed owing to the debilitated condition of the patient. Later large tumors developed in the liver, which nearly filled the abdominal cavity, followed by the occurrence of excessive chyliform ascites. The prognosis was unqualifiedly bad and death seemed imminent, but nevertheless the tumors in neck and breast gradually dwindled and disappeared. The abdominal tumor grew smaller and became imperceptible. Four years after the first operation we found the liver approximately normal in size and position, and with the exception of the scars, slight but decreasing emaciation, and extreme chyliform ascites, which requires frequent tapping, there is no indication of the original trouble."

Dr. Robert N. Wilson gives me the following history of a case which came under his care: A woman aged 40, always well but never robust, was taken suddenly ill with acute abdominal pain, which was not localized, but was persistent; this was the beginning of an illness that kept her bed-fast for ten months, during which time she lost flesh and strength. Before the beginning of the acute illness she was conscious of the loss of some flesh and did not feel normally vigorous. When Dr. Wilson first saw her the abdomen resembled that of a woman in the sixth month of a pregnancy, it was hard and resisted to palpation, only slightly tender, flat on percussion, etc. There was plainly felt a tumor extending over the entire lower half of the abdomen, this was freely movable. The vaginal opening barely admitted the forefinger, which touched a hard mass about two inches from the opening; through the rectum the same hard mass could be felt; the diagnosis was probable malignant tumor of the lower abdomen, and exploratory operation was advised. On opening the abdomen the mass was found to fill entirely the pelvis and there was such extensive involvement of the bowels, as well as of the pelvic organs, that its removal was out of the question, the incision was closed and an unfavorable prognosis given. The diagnosis being inoperable malignant growth. The patient recovered from the operation and was soon well enough to return to her home, where she is still living and in better health than for years. It has now been nine years, and at this time there are no evidences of a tumor in her pelvis.

These cases, together with a number of others which have been reported, seem to me to prove conclusively that cases of malignant disease do recover spontaneously, and it is highly probable that we will some day, and that perhaps very soon, be able to explain how these cures are accomplished.

A number of cases of the spontaneous cure of cancer have been reported in the various medical journals, the most noteworthy of which are sixteen cases by Drs.

Gaylord and Clowes, in the *Journal of Surgery, Gynecology and Obstetrics,* Chicago, June, 1906. These cases will all bear critical examination. The investigators mentioned showed that spontaneous cure of cancer in experimentally inoculated mice occurred in about 23 per cent. of animals. They intimate that spontaneous cure in the human being may be more frequent than is generally supposed and they believe in the existence of immune forces capable of terminating the disease. Another excellent paper on this subject is that of Czerny (*"Ueber Unerwartete Krebsheilungen," Ztschrift f. Krebsforsch,* Berlin, 1907, v. 27-35). This author refers to eleven cases of gastroenterostomies performed on patients suffering from malignant disease who remained well from two to fourteen years after operation. The malignant growths showed undoubted retrogressive changes.

Other important contributions are those of W. S. Handley in the *Medical Press and Circular,* London, 1908, on "The Natural Cure of Cancer;" that of A. Sticker, in the *Ztschs. f. Krebsforsch,* Berlin, 1908, v. 55-68, and of H. D. McCulloch in the *British Medical Journal,* London, 1908, 1146-1148.

DISCUSSION.

Dr. Edward J. Ill, Newark, opened the discussion on this paper. He said that he wished to relate a similar case. Mrs. B. was operated on, December 5, 1906, for carcinoma of the breast, microscopic examination having shown it to be an adenocarcinoma. She had a recurrence of the disease in the liver in the summer of 1908, from which it was thought that she would die in a comparatively short time. In October of the same year, Dr. Lippincott tapped, finding ascites. Dr. Ill saw the patient in January of this year. She had been tapped about seventy times. Dr. Ill had been on the lookout for such a case, and when Dr. Lippincott told him of it, he was anxious to get the fluid to experiment with. Before doing so, however, he saw the woman. He found the liver normal in size, but slightly nodular, as in a cirrhotic liver. She has been tapped since that time, having been producing ten quarts of fluid every six days. This fluid has been examined carefully again and again, but no mitotic changes in the serum, such as are found in carcinoma of the peritoneum, have been discovered. The woman has been tapped incessantly for two years. There has been no recurrence of cancer. While Dr. Ill did not think that she would get well, he considered her well so far as the carcinoma was concerned. This case was of undoubted authenticity, because of the brief extent of the course, and of the continuous history that had been obtained of her. Dr. Ill believed cases of this kind to be comparatively rare. Patients are often operated on for what is thought to be a sarcoma, and get well. Sarcoma is more difficult to tell histologically than is carcinoma, and Dr. Ill thought that there might be an error in the diagnosis of cases of true carcinoma that get well.

Note—Since the above discussion occurred the patient died of an acute attack of indigestion, having been in her usual health. An autopsy showed no carcinoma of the liver, but carcinoma of the peritoneum and small nodules in the ovary were found.

Dr. George E. McLaughlin, Jersey City, thought that Dr. Ill had really touched the keynote in these cases, that physicians have hardly the right, scientifically speaking, to report them as cases of carcinoma or malignant disease unless a microscopic examination has been made and they have been so proven. Cases in which this is not done must be considered doubtful, there being a question whether they are carcinomatous or sarcomatous, and whether they are malignant or not. One should not take it for granted that they are carcinomatous. Dr. McLaughlin, however, thought that there was no doubt that a fair number of the cases had been shown to be malignant in which subsequently a spontaneous cure had been brought about, a number of such cases that are authentic having been reported.

STENOSIS OF THE RESPIRATORY VESTIBULE.*

By Emery Marvel, M. D.,
Atlantic City, N. J.

"The oral cavity," says an eminent scientist, "is a cesspool of living bacteria." This statement may seem unpleasant to hear, but its truth has been convincingly demonstrated by reliable bacteriologists. Numerous disease-producing bacteria are constantly present here awaiting an opening for entrance into the circulating system, to begin malevolent operations where soil and surroundings are most suitable.

What is thus said of the oral cavity is especially true of the respiratory vestibule —the pharynx. This cavity furnishes a large amount of moist surface of mucous membrane, more quiescent than the oral cavity, therefore more favorable for the arrest and maintenance of immotile microorganisms. Here the pneumococcus, staphylococcus, streptococcus and other cocci are frequently found, as are also the bacilli of influenza, diphtheria, anthrax and less frequently the tubercle bacilli.

These may be present upon the surface even though no evidence of disease process is manifest. It then becomes evident, that

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given the presence of the micro-organisms with an already enfeebled resistance, the host is greatly jeopardized; add to this enfeeblement a trauma of the surface, which provides an opening for entrance of the micro-organism into the system, the condition becomes hazardous.

Based upon these considerations and the contributing factors, which are supplied by abnormal tonsils, the overgrowth of adenoid tissue—adenoids—and hypertrophies of the nasal contents, this subject becomes a worthy one for our attention. We shall limit consideration in this contribution, however, to the enlarged tonsils and adenoids, these being the most common offenders to occasion the stenosis of the vestibule with evil sequences.

The pharynx is the vestibule not only for the respiratory, but also for the alimentary ingestion. In fact, all normal intake of elements which support the physiologic economy, enter through this doorway. It is exposed to catch all and any microbes entering by respiration and by alimentation. Therefore, any condition that impairs normal resistance or makes easier the way for the bacteria to enter the tissues, becomes a menace to the organic host.

Hypertrophied tonsils and adenoids obstruct the pharynx in proportion to their individual or collective encroachment upon the vestibule space and thereby proportionately deprive the economy of free respiration. To secure the essential amount of oxygen voluntary muscles are commanded to do extra work. Either diminished oxygen intake or enforced muscular exertion ensues. If diminished oxygen intake, the economy suffers from deficient oxygenation; if undue exertion is required to secure sufficient oxygen, exhaustion of over-used muscles with deformed contour is the penalty. When either, or what is most frequent, both of these afflictions prevail, dwarfed mental and physical growth, malformation and other enfeeblements follow.

This reasoning bears evidence to the cause for the findings in the sufferer from this stenosis—open mouth, bulging eyes, drooping shoulders,scaphoid chest, and mental stupidity betray the condition. The victim is below par, undeveloped and thereby handicapped in opposing the bacterial enemy which is always present. Not only is the subject handicapped in his general condition, but the local physical condition offers especially favorable opportunities for the attacking organisms. Sensory sacrifices are not uncommon.

The surface of the tonsil contains several—eight to twenty—openings with tubal dippings into the gland. There are numerous infoldings of the mucous membrane forming crevices and crypts. These infundibular processes are supplied with warmth and moisture forming a most favorable incubator for bacterial propagation. Trauma of the mucous wall by puncture, attrition, bacterial cell destruction, or other necroses prepare the conditions for a progressive infection. The histologic construction of these bodies is rich in blood and lymph vessels, which transport infective bodies to near and distant parts with great ease and promptness.

What to-day may seem a local manifestation, as, follicular tonsilitis, or post-tonsilor abscess, may to-morrow become a serious nephritis, arthritis, myocarditis, pericarditis, pleuritis, or even a meningitis. More frequently than we have been inclined to estimate is this the case. I am well convinced that these vestibule abnormalities, which we are here considering, have been the principal factors in causing many permanent cripples, and a large number of premature deaths. It is also convincing that the same factors encourage the implantation of the contagious infection. Cervical adenitis of tubercular origin has been proven to originate through this source. It is justifiable to assume that tubercular infection of remote lesions gain access through this channel. The homogeneous infections wherever implanted have, no doubt, in a good proportion of cases found the tonsils the source of supply.

The *prevention* of disease is the watchword of the hour. If these reasonings be correct the elimination of the adenoids and the offending tonsils is necessary, to protect the individual. The elimination frees the victim from their mechanical handicap and removes their influence in the increased susceptibility to bacterial invasion. To depend on internal or locally applied medication for this purpose, if ever in any case successful, is rewarded too often by failure. I am doubtful if it ever results in permanent correction. Sectional pruning, with or without anesthesia, especially without anesthesia, should be deplored. Complete extirpation, and nothing less, is the remedy, the prevention, the correction.

DISCUSSION.

DR. THEODORE W. CORWIN, Newark, opened the discussion on this paper. He expressed himself as being cognizant of the evil results of

sepsis and toxic conditions arising from the naso-pharynx and mouth, and said that Dr. Marvel had done well to emphasize those proceeding from the naso-pharynx. A few days before, a gentleman had consulted Dr. Corwin about a nasal deformity. He had severe deflection of the septum. He needs an operation, which will be done later; but for the time being, Dr. Corwin gave him directions for simple irrigation of the nose. A week later, the patient returned, and said that he had irrigated the nose twice a day, removing the mucus. Nothing else had been done, but his nose felt much more comfortable. Dr. Corwin estimated the man's weight, and found he had gained a pound and a half, a similar improvement in weight having been noted by him previously in other cases as the result of washing out the naso-pharynx. The conditions in cities, particularly indoors, are such as to cause a deposit of dust and other harborers of germs in the naso-pharynx, and cleanliness of that part is essential to the best of health. It has long been a matter of repeated observation to Dr. Corwin that irrigation of the naso-pharynx incidental to other conditions had put the patients' general resistance on a higher plane, as instanced by their voluntarily telling him that ever since they had been using the wash they had had no cold in the head or had not, on slight exposure, been attacked by tonsilitis. Patients accustomed to having three or four attacks of tonsilitis in a winter and spring will, when, without regard to this condition, they have been directed to irrigate the naso-pharynx, come and volunteer the statement that ever since that simple procedure has been instituted they have been more comfortable in every respect. Of course, said Dr. Corwin, there are other conditions of the nose besides adenoids and enlarged tonsils, which Dr. Marvel had referred to, that limit respiration. The speaker merely wished to say that deflections of the septum are as much a cause of obstruction, post-nasal catarrh, and catarrh of the pharynx and larynx, as are adenoids and enlarged tonsils.

MILK.*

By Alexander McAlister, M. D.,
Camden, N. J.

To again call attention to the universal use of milk as an article of food may seem superfluous, and yet the presence all about our milk supply of contaminating influences is ample justification of such a call. Milk is a medium for almost every form of germ life, and especially for the tuberculosis germ from infected cows. It has been asserted by Von Behring and others, and without authoritative contradiction, that many of the cases of pulmonary tuberculosis in adults are of intestinal origin in infancy, infection having occurred primarily through the intestinal tract by drinking tuberculous milk. It is known that 14 out of every 100 persons that die succumb to tuberculosis, and that more than one-half of the remaining 86 show lesions of tuberculosis on post-mortem. Moreover, the finding of the bovine tubercle in human lesions is ample justification of any cautionary remarks concerning the original source of supply—the cow.

To particularize, it has been shown that the dust and manure of the stable in which diseased cows are kept will contaminate the milk of healthy cows during the process of milking. So the need of inspection, not only of the milk, but also of the stable accommodations. In a recent examination of twelve cows supplying milk to Washington, D. C., tubercle bacilli were found in over 41 per cent. of the cases by both microscopic examination and animal inoculations.

Food products made from milk should be inspected with equal vigilance. Butter kept on ice at 60° F. for 160 days was inoculated upon more than 60 (sixty) guinea pigs at the Experiment Station of the Bureau of Animal Industry recently, and with the exception of five that died prematurely and one that was killed, all the pigs died of generalized tuberculosis. Moreover, the one that was killed was also found infected.

A further test was made upon four healthy hogs, weighing 125 pounds each. By means of tuberculin these hogs were found to be free of tuberculosis. Each of them was fed one ounce of tuberculous butter daily for 30 days, and they were kept under conditions from which no hog at the Experiment Station ever contracted tuberculosis. As a result of this feeding all of the four hogs became affected with typical tuberculosis.

What should be done to guard against these dangers?

As to the cows, it has been suggested that they be marked for identification; that milk shall either come from tuberculin tested cattle, and that the cattle be re-tested once a year, or that the milk shall be pasteurized under the supervision of the health authorities; that any additions to the herd shall be subjected to the tuberculin test. In addition to these precautions, it is suggested that no license shall be granted except to applicants having herds free from tuberculosis; that the milk of any diseased cattle shall not be used as human food, even though the milk be pasteurized, and that milk from cows 15 days before and five

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days after parturition shall be excluded. Veterinary inspectors of the health department shall also make frequent visits of inspection, and that tuberculous cattle shall be slaughtered and their owners be indemnified by the State.

What shall be done to purify the milk when it is produced under suspected conditions?

Pasteurization is the least expensive and most efficient available expedient, or perhaps it would be better to drop the term "pasteurization," and "pasteurized," and substitute some such term as the suggested "hygienically heated milk." This term should be limited to milk which has been heated to between 60° and 70° from ten to twenty minutes.

But, it should never be forgotten that pasteurization is only an expedient and not a substitute for rigidly-enforced standards of purity on the farm. Pasteurization does not improve milk as an article of food, nor in any way lessen its food value. All it does is to destroy certain bacteria and some of their toxic products. It also checks fermentation and putrefaction.

Summing up, there can be but little doubt that properly regulated inspection of cows and cow-sheds would do much to abolish milk infection altogether, but until this ideal is attained safety can be ensured only by the pasteurization of milk, or by heating it nearly or quite to the boiling point. A parent may say, "We have our own cows, and they are specially tested with tuberculin. Surely there is no need to pasteurize or boil the milk." Replying to this, I would say that even under such conditions I would not relax this precaution, for the test is usually applied only at intervals of some months, and in the cows as in man, tuberculosis is sometimes a rapid process. The tuberculin test is no guarantee whatever that the cow may not develop the disease before the next testing.

No doubt affection of the udder, which is most likely to be associated with tuberculous milk, does not occur as a rule until the disease in other parts of the body is somewhat advanced, but there is ample evidence that milk may be infected where there is disease only in other parts.

The conclusion of the whole matter is, I think, that under any circumstances cow's milk should be pasteurized or boiled for children at least up to the age of five years, and that this practice is a wise precaution for any period of childhood. If, for any reason, there is difficulty in giving cow's milk which has undergone boiling or pasteurization—and there are children who will not drink milk treated this way—goat's milk makes an excellent substitute. It can be given unboiled with exceedingly little risk, so far as tubercle is concerned, for tuberculosis is extremely rare in goats.

The process of pasteurizing should be conducted intelligently and under the supervision of a health officer, and after the completion of the process the milk should be carefully guarded, kept cool and promptly delivered.

Raw milk is very apt to be dangerous, and pasteurization is our only means of protection when we are in doubt about the raw product offered us.

DISCUSSION.

DR. JOEL W. FITHIAN, Camden, opened the discussion on this paper. He said that Dr. McAlister's idea of getting rid of tubercular cattle was not practicable. The greater part of the milk consumed comes from Jersey cows, which is a breed known to be particularly subject to tuberculosis, and Dr. Fithian said that if the Jersey cows were eliminated, tuberculosis in cattle would be largely eliminated with it. He had seen herds of Jersey cattle slaughtered and restocked, and all slaughtered again, on account of tuberculosis; and finally the dairymen owning them had to get cows of other breeds. As Dr. McAlister had stated, Dr. Fithian thought that they should be inspected regularly; but he said that this would require the expenditure of a large amount of money, and would swamp the State finances. Therefore, he believed that the practicable way to get rid of tuberculous cows would be to eliminate the Jersey cattle. Notice should be given to the farmer that in future tuberculous cattle would be slaughtered without reimbursement. If this were done, he would soon discontinue buying that breed of cattle.

Regarding the milk, Dr. Fithian said that another article that the State Dairy Commission should inspect is the food given the cattle. Dairymen now have a tendency to use anything for food but the real thing, in order to produce large quantities of milk. They give the cattle a brand of food gotten up by a firm who claim that the cow will give much better milk than with a plain, ordinary diet. Feeding cows on this reminded Dr. Fithian of feeding human beings on hash. He said that a cow fed with substantial food will give good, substantial milk.

Regarding inspection, he said that it is a most excellent thing to have the Board of Health license only those dairymen whose herds come up to a certain standard. If this were done, it would be an advance, for cow stables are frequently in a terrible condition in some sections of the country. If a license were issued to only those whose herds met certain requirements, it would be an advance.

The milk should be bottled on the farm, instead of being shipped in cans. This would pre-

nt contamination. One could then know here the milk comes from, and its quality and urity. The great handicap in making such hanges, Dr. Fithian said, is the price of milk. t the present price of eight cents a quart, one an scarcely obtain the pure thing. These nprovements in methods would tend to raise e price, and people would object. You can ise the price of other food articles, but if you ise the price of milk, the people will protest. t is scarcely possible to bottle the milk on the rm and sell it at eight cents a quart. Dr. ithian did not consider pasteurization necesary for good milk, and he did not think that should be recommended for milk that is ood enough without it.

The points he particularly desired to emphaize were to get rid of Jersey cattle, inspect airy farms and refuse licenses to those that o not come up to even a low standard. The ities should have distributing points for milk or the poor in hot weather, and they should be nstructed how to take care of milk in the ouse. Even those who have ice often do not ut the milk on it at once. If milk costs more, t would be better taken care of. Dr. Fithian hought that the societies could make it more opular by paying a little more for it and inspecting the farms where it is produced.

Dr. Henry H. Sherk, Camden, said that he agreed that the main thing about the milk question was in the line of education, that the people should be educated in regard to the poison that exists in impure milk, especially that which is not pasteurized; that they are, as a rule, so ignorant that they do not have any idea of right and wrong. Dr. Sherk had recently been called in to see a little child who was a hemophiliac; the blood was oozing from its gums and nose. The parents had tried everything they could think of to stop the bleeding, and just as the doctor arrived, the mother showed him a piece of cotton with a cobweb on it; she was going to use it to stop the bleeding, and asked the doctor what he thought of it. He asked her whether she knew that in that cobweb there were lockjaw germs, and that if she put that on the bleeding place, she would be liable to give the child lockjaw, and of course she was horrified. In the same way, the people do not know about milk. If the physician tells them to pasteurize it, the next time he goes he will probably find them giving the child some other mixture. They should be educated to know the proportions of proteid, fat and sugar contained in cows' milk; to understand that this is what keeps the life of the child, and to appreciate the necessity of getting pure milk. Finally, in these days, the milk should always be pasteurized, because it is impossible to be sure that the milk is absolutely pure. That is the best solution of the problem that is offered at the present time.

Dr. D. J. Milton Miller, Atlantic City, heartily endorsed Dr. McAlister's advocacy of the pasteurization of milk. Dr. Miller, however, did it for a different reason from that of Dr. McAlister, whom he had understood to advocate it largely because children may get tuberculosis from the milk. Although Dr. Miller had no doubt that children do acquire tuberculosis in that way, he did not think it a very frequent source of infection. This, however, being a mooted question, he did not care to enter into the discussion of it at that time. His reason for advocating the pasteurization of milk was that he thought that there had been an increase in diarrheal diseases in children within the last few years; and he considered this to be due to two causes; one, because the milk was not pasteurized; and the other because the pasteurized milk that was used was commercial pasteurized milk, which he considered an abomination, being often a device to enable the dealer to sell milk that is not good. He believed this increase in diarrhœa to be due to these causes, and that even certified milk is not always entirely safe. Some years ago he had been a member of the Philadelphia Certified Milk Commission, which was one of the earliest and best organized in this country, and was familiar with the excellence of its method: yet his experience had led him to think that all milk for children, whether certified or not, should be pasteurized to 157 or 156 degrees for fifteen or twenty minutes, that is in summer, but not in winter.

Dr. Henry Chavanne, Salem, said that he wished to refer to three points. One was that of wholesome milk, mentioned by Dr. McAlister; the second was in regard to eliminating the Jersey cow, as advocated by Dr. Fithian, and the third was in reference to pasteurized milk.

Wholesome milk, Dr. Chavanne said, is that which a child may assimilate in its weakened condition of digestion. The child's functions are not developed, and it must have a diet in keeping with the absence of full powers of metabolism. If any food goes beyond its power of digestion, the child must suffer. The reason given by Dr. Miller for the increase of diarrhœa in children—unwholesome milk—Dr. Chavanne considered also to be the cause for the increase in the death rate of children between birth and one year of age, and of a great many children under five years. The result of this alarming child mortality is that America is dependent upon immigration for her future population and upon the increase of population produced by children born of foreign parentage.

With reference to the elimination of the Jersey cow, Dr. Chavanne said that those who had never had anything to do with cattle could not differentiate between breeds; but if they could go back thirty or forty years, and realize that the farmer could keep common cows and have them live and be profitable until fifteen or sixteen years old, and then go into the meat barrel for the use of his family during the winter, they would be astonished. On the other hand, Dr. Chavanne felt prepared to maintain that no dairy farmer can keep a cow in good condition at the present time, when giving it different sorts of prepared foods, for longer than five years. At the end of that time, the cow is "burned out," as the farmer says. She will not produce the proper standard of milk required by law. Dr. Chavanne said that the way to eliminate the Jersey and the Alderney cow was to oblige the farmer not to permit the calf to suckle anything but her own mother: because no Jersey cow could nurse her own calf and have it live. It would die of scours in a very little while. There are very few farmers but are obliged to raise the calves that promise well by the bottle, just as is done with babies. If the law requiring the milk to come up to 12 or 14 per cent. solids were repealed, the Jersey cow would be eliminated.

Breeders of fancy cattle were lobbyists in the interest of their five-thousand-dollar bulls. Farmers would not buy the cows at their high valuation if the law did not oblige the standard of marketable milk to be beyond that produced by the normally kept cattle.

DR. ARTHUR STERN, Elizabeth, said that at the last meeting of the New York Academy of Medicine, Dr. Park had stated that New York received between ten and fifteen thousand quarts of certified milk, and consumed two million quarts of milk daily. The price of certified milk at present cannot be less than fifteen cents a quart, so that it is impossible for poor people to feed their children on it. Dr. Stern said that in Elizabeth they had this year started, in connection with St. Elizabeth's Hospital, a milk dispensary, the milk being pasteurized at the hospital and distributed at two stations, one uptown and one downtown. The children of the poor could get five or six milk mixtures every morning between 8 and 9 o'clock. Dr. Stern said that if the price of certified milk should ever come down, which he considered doubtful, it might be possible to give this to the poor.

During the same meeting at the Academy, a paper was read by Commissioner Pearson, of Albany, who said that the most important question in the milk production was how to make both ends meet. If the price of milk should come down, certified milk could be furnished, bottled, to the children of the poor, but this is impossible at present. Therefore, the advice of Dr. McAlister that pasteurized milk should be given, the speaker considered the wisest plan to follow.

DR. EDWARD B. ROGERS, Collingswood, said that if what Dr. McAlister had said about butter as a cause of tuberculosis was true, the people should be educated to use butter substitutes, such as oleomargerine and butterine, which are pure. They should also be educated along the lines of a higher price for milk. As soon as the question of a pure milk supply is discussed, one is brought face to face with the proposition that it costs so much to produce and so much to sell the milk. When one speaks of ten-cent milk, the newspapers howl about a milk trust. In Collingswood, Dr. Rogers said, arrangements had been made to have a public meeting to discuss the milk question with the people, considering the necessity for having the bottling done at the farm, and the importance of inspecting the dairies and the milk depots and scoring those who keep these at a certain grade. If they do not get a score of sixty, a license is refused them to retail the milk in Collingswood. Boards of health that are not doing this should also be educated to do this. Dr. Rogers did not think that Camden had any sort of milk inspection by its Board of Health, and its population is eighty thousand; but in his borough of five thousand, adjoining Camden, they have suitable milk inspection. They are also taking up the advisability of the paper bottle as a better means of holding the milk, the ordinary glass bottle being very unsuitable for this purpose when not properly cleaned. Dr. Rogers said that about two years ago there was an epidemic of scarlet fever in Collingswood, which was traced to a bottle infection. A convalescent from this disease had used the bottle, and it had not been sufficiently cleansed. It was returned to the dairy, and subsequently eighteen cases of scarlet fever broke out, all in families taking milk from this milkman. The bottles were then boiled, the milk-house thoroughly cleansed and the epidemic stopped. Dr. Rogers considered it very important to inspect the milk-house, and see how the milk is retailed. Even if the people have to give a higher price for the milk in order to secure these reforms, they should be glad to do it.

CYSTITIS COLLI IN WOMEN; ITS ETIOLOGY, SYMPTOMATOLOGY AND TREATMENT.*

BY GEORGE N. J. SOMMER, M. D.,
TRENTON, N. J.

The introduction of the cystoscope in the realm of practical gynecology has been fraught with inestimable results in the diagnosis and treatment of a large class of sufferers, whose complaints have been classed under the vague and general term of cystitis. Under this title, cystitis has been supposed to mean a more or less generalized inflammation of the bladder. We now know that it usually occurs in isolated foci, and that there is a large class of sufferers in whom the affection is limited to the bladder neck and adjacent trigone, the so-called cystitis colli of the German writers, and it is to this disorder I wish to call your attention. It has been my fortune to see a considerable number of these miserable sufferers during the past two years, and the results of treatment have exceeded my expectations.

Etiology—This is not always clear. I have seen it as frequently in the single as in the married woman, and in those who have borne children. It is a frequent complication of gonorrhea. It often accompanies the results of the various obstetric damages, such as cystocele and prolapsus. It is often the result of post-operative catheterization. It is essentially a chronic condition, with acute exacerbations and remissions and lasts indefinitely. It is, I believe, the cause of the frequent urination and incontinence of the aged woman.

Symptomatology—This is quite characteristic. The usual symptoms are frequent and urgent urination, with a burning sensation and a feeling of incompleteness at the end of the act. During an exacerbation the

*Read before the Mercer County Medical Society October 10, 1910.

symptoms are much increased in severity, each act of urination is accompanied by intense pain and the passage of small quantities of urine, followed by an almost uncontrollable desire to pass more, which amounts, at times, to actual incontinence. These exacerbations are brought on by exposure to cold and damp, prolonged standing, and efforts to retain the urine. Owing to the great frequency these patients voluntarily eschew all social duties. The urine is often negative and its examination gives little information. At times a little pus is present. During the exacerbations it contains pus and blood, and it is cloudy and odorous. I have found it quite bloody several times during the interval. Blood is usually passed at the end of the urinary act, when it is present.

Diagnosis—This is made by means of the cystoscope. On physical examination the labia are often thickened, reddened and excoriated, and the urinary meatus contracted. The evidence of past obstetric injuries may be present. On vaginal examination the region of the internal sphincter is sensitive. On catheterization the bladder neck is found tender, and if the patient has voided urine just previous to the examination, a considerable quantity is found present in the bladder, a condition somewhat similar to that seen in prostatic hypertrophy. The retention capacity of these bladders is usually quite good, between 100 and 150 c.c. With the cystoscope the bladder neck is found to be of a dark red color, thrown up in thick folds, and often the seat of pseudopolypoid like formations. The trigone is much reddened and swollen, ureter mouths often obscured, being denoted by depressions in the mucous membrane from which spurts of urine can be seen coming. In old cases the walls of the bladder are trabeculated. The balance of the bladder mucosa is approximately normal.

Treatment—This is usually easy and remarkably successful. The ordinary methods of urinary antisepsis and bladder irrigation are not of much value as regards cure. They relieve the most urgent symptoms of the exacerbations, and there usefulness ends. Urethral dilatation to be sufficiently done requires general anesthesia, produces incontinence for a time and adds to the discomfort of the patient. The best treatment by far is that of Knorr and Bierhof, which consists in making topical applications of 5 per cent. nitrate of silver to the diseased bladder neck. I have usually applied a 2 per cent. solution and found it sufficient for all purposes.

Method of Application—The instruments necessary are a Kelly urethral dilator, a Valentine short male, or the Stoeckel female urethroscope, a cotton-wrapped applicator of sufficient size to pass through the urethroscopes. The external genitals are cleaned with a bi-chloride solution, the external meatus dilated with the dilator, and the urethroscope armed with its obturator is inserted into the bladder. The obturator is withdrawn and if it is desired to inspect the bladder neck the light carrier is inserted; the examination being made, it is again withdrawn. Then the cotton-armed applicator, soaked with the silver solution, is introduced into the bladder and the urethroscope withdrawn, leaving the applicator, which is then very tightly grasped by the inflamed and irritated sphincter. This presses out any excess of fluid which flows down over the trigone to work out its curative powers there. After a minute the applicator is withdrawn. The treatment is quite painful, but is extraordinarily efficient. The pain may be somewhat mitigated by making a previous application of 2 per cent. cocain or novocain solution to the urethra or by injecting 10 c.c. of the same solution into the bladder. One application is often sufficient where the 5 per cent. solution is used. In the case of the 2 per cent. solution, four or five are necessary. They are not made more often than once a week. For the first 24 hours the symptoms are somewhat increased, but no trouble is experienced subsequently. It is very necessary that the bladder be emptied by catheter before the application is made.

No more grateful sufferers exist than these after they are ridden of this annoying and miserable affection. They improve in general health and appearance, and are again able to take up their social duties. The splendid results attained in a considerable number of these cases has emboldened me to bring this subject to your notice.

To differentiate a tender spot from a simulated pain, it will often be observed that pressure on the former causes a decided increase of pulse rate, while in simulation it does not.—W., Amer. Jour. of Surgery.

Cancer of the posterior part of the tongue invades the lymphatics not only on the side upon which the disease is located, but also upon the opposite side, because of the peculiar anatomy of the lymphatics of this region.—Amer. Jour. of Surg.

TWO CASES OF TETANUS.

Reported by Otto J. Seibert, M. D.,
House Surgeon, Orange Memorial Hospital

The subcutaneous injection of from three to six thousand units of tetanus antitoxin has been proven, both by animal experimentation and general practice, to be a prophylactic measure of undisputed value in the treatment of wounds in which the presence of the tetanus bacillus is to be suspected. Statistics, however, still show a very high mortality in acute cases and even in subacute and chronic cases. By acute cases I refer to those of less than ten days' incubation period. Tetanus cases being comparatively few, we cannot obtain for comparison the report on a series of cases in a given period of time. We must, therefore, get most of our statistics from the reports of individual cases derived from hospital and private practice. The more of these individual cases reported, the sooner will we arrive at definite measures in the treatment of tetanus which will prove as successful and satisfactory as has the prophylactic treatment of the disease.

Two cases of tetanus have come under my observation in the past three months at the Orange Memorial Hospital, the report of which will, I am sure, interest the general profession, particularly that of this State, in which, as statistics show, the disease apparently occurs more frequently than in any other.

Case I.—W. K., male, age 12. Admitted to hospital on July 18th, 1910.

History of Injury—On July 9th, patient, while at play, fell and a rusty nail pierced his right hand. The wound at that time had been treated but no drainage had been allowed, nor had any prophylactic dose of tetanus antitoxin been given. On July 16th patient noticed difficulty in swallowing and pain and stiffness of neck muscles. On July 17th patient could not open mouth entirely and pain and stiffness of neck muscles increased and on July 18th almost complete trismus had set in. Patient was then advised to go to hospital.

The wound on his hand had not been redressed since day of injury until after admission to hospital on July 18th.

Examination—Head thrown back more than normal, sterno-mastoid and masseter muscles standing out prominently and very hard. Muscles of back of neck hard and somewhat tender. Face and brow muscles drawn, giving the typical risus sardonicus. Patient unable to open mouth more than one-half inch. Abdominal muscles and back muscles stiff and hard.

The wound of the hand had closed and the surrounding area was inflamed and showed the presence of a slight amount of pus subcutaneously. On opening and exploring the wound a piece of a rusty iron nail about one-half inch in length buried deeply in the palmer fascia was found.

Blood examination: 16,000 leucocytes.

Course and Treatment—July 18, 3 P. M., wound thoroughly opened, cleaned and drained; 6,000 units antitoxin subcutaneously. At 11:30 P. M., 6,000 units more. Morphine gr 1-16 hypodermically. Lumbar puncture and 4 c.c. 2% magnesium sulph. injected. Patient slept after hypodermic injection.

July 19—Temperature 102; pulse 124; respiration 24. Slept part of morning. At 2:30 P. M. 6,000 units antitoxin subcutaneously. Patient wakes from sleep with a start and has spasm of pain. At 11:30 P. M., 3,000 units antitoxin subcutaneously; lumbar puncture and 6 c.c. 2% mag. sulph. injected. Patient very restless; neck rigid; constantly having spasms of back; unable to swallow without choking. Total trismus.

July 20—Temperature 101.6; pulse 120; respiration 24. Twitching of lower limbs. Perspiring profusely. Mag. sulph. vii. c.c. by lumbar puncture; 6,000 units antitoxin subcutaneously; chloretone gr. lx. in 4 oz. hot olive oil per rectum. At 9 P. M., 12,000 units antitoxin intravenously; mag. sulph. 10 c.c. by lumbar puncture. Patient slept quietly all night. Photophobia extreme.

July 21—Sleeping quietly at 8 A. M. 9 A. M., 12,000 units antitoxin intravenously. 10 A. M., temperature 104.6; pulse 144; respiration 36. Nervous chill lasting 5 minutes, whole body vibrating. 11 A. M., patient delirious. 4 P. M., 6,000 units intravenously. 5 P. M., choking spell lasting about 15 minutes. Patient became cyanosed. 5:30 P. M., chloretone gr. lx. in olive oil, 4 oz., hot, per rectum. Patient slept from 7:15 P. M. to 6 A. M.

July 22—Patient can open mouth about one-half inch this A. M. 12,000 units antitoxin intravenously; 15 c.c. mag. sulph. subcutaneously; chloretone gr. xl. per rectum. Highest temperature 101.6. Severe spasm (general) at 3 P. M.

July 23—Treatment same as 22d. No improvement noticeable.

July 24—6,000 units subcutaneously and 15 c.c. mag. sulph. subcutaneously and chloretone gr. xlv. per rectum at 4 P. M. At 3 P. M. patient had severe choking spasm. Patient slept about 10 hours after mag. sulph. and chloretone.

July 25—Patient seems more rigid. Abdomen like a board. Slight opisthotonos. Antitoxin 6,000 units subcutaneously; chloretone gr. xlv. Slept for three hours.

July 26—Pretty good day. Slept about six hours. Had few choking spells and two general spasms. 6,000 units antitoxin given subcutaneously.

July 27—Patient quite restless. Some pain in jaw. Trismus has not decreased any. Chloretone gr. xlv. Antitoxin 3,000 units, subcutaneously given.

July 28—Very comfortable day. Whole body still rigid but no spasms. Tetanus antitoxin 3,000 units given subcutaneously. Mag. sulph. 8 c.c. subcutaneously.

July 29—Patient about the same. Treatment same as day before.

July 30—Shows slight improvement. Patient can open mouth about one inch. Can swallow easily and has little pain or spasm. Antitoxin 3,000 units subcutaneously.

July 31—Patient about the same. Sleeps well and has no spasms. Without use of sedatives. 3,000 units antitoxin subcutaneously.

From August 1st patient showed remarkable daily improvement. Was able to open mouth more each day, general rigidity decreased each day. From this time on only three doses of antitoxin, 3,000 units each, were given at three-day intervals. Patient's leg and abdominal muscles remained stiff for some time, but this gradually disappeared, especially after patient was up and around. Trismus totally disappeared by August 9th, and on August 10th, the twenty-fifth day, patient was allowed up. He was kept under observation for a period of over four weeks and discharged from the hospital on September 9, 1910. During course of treatment the wound in hand was dressed daily. Total antitoxin used, 110,000 units.

Case II.—F. V., female aged 11 years. Admitted to hospital on September 9th, 1910.

History of Injury—On August 25th ran a splinter into sole of foot. The injury was not treated. On September 9th, while on an excursion patient complained of sore throat. When Dr. H., three hours later, tried to make an examination of the throat patient was unable to open mouth more than an inch. After obtaining history of an injury fourteen days previous, Dr. H. referred patient to hospital at once.

Examination—On September 9th, at 7 P. M., time of admission. Head slightly thrown back, some rigidity of neck muscles, especially sterno-mastoids. Patient able to open mouth about one inch. Masseter muscles quite hard. Risus sardonicus not present. Temperature 99; pulse 80; respiration 24. At seat of injury a splinter of wood, about one-half inch in length, was found just beneath the skin. This was removed. The wound was found perfectly dry; no pus; full of sand.

Course and Treatment—September 9th, 7 P. M., wound deepened, thoroughly cleaned, drained and dressed with bichloride 1-5,000. Patient at this time had two distinct spasms with some opisthotonos and almost complete trismus set in. Antitoxin 3,000 units intravenously given. Chloretone gr. ix., per rectum in olive oil. Magnesium sulphate 2% solution 5 c.c. given by lumbar puncture. Patient had quite a restless night, with several choking spasms; slept two hours.

September 10—Patient very restless. Head thrown back. Some degree of opisthotonos present. Able to open mouth only about one-quarter inch. Several choking spasms. Patient able to open mouth about one-half inch. Chloretone gr. 60 given at 10 A. M., which was completely expelled after two hours. Temperature at this time 103.2; pulse 140; respiration 28. At 2 P. M., antitoxin 12,000 units intravenously was given. Mag. sulph. 2% solution, 5 c.c. injected into spinal canal after drawing off 5 c.c. spinal fluid. Chloretone gr. lx., per rectum. Morphine gr. ⅛ by hypodermic. Patient slept from 3 P. M. till 12 midnight. At 8 o'clock temperature 102; pulse 120; respiration 26. 11:30 P. M., antitoxin 12,000 units intravenously.

September 11—1 A. M. (30 hours after admission), respirations became rapid and shallow, somewhat sighing in character; pupils pin point; pulse rapid and of good tension. Patient extremely pale and covered with profuse perspiration. Atropine gr. 1-125 given by hypodermic. Respirations improved considerably for half an hour, but at 2:15 A. M. both respirations and pulse stopped completely without any warning whatever, not even a spasm of any kind. Artificial respirations for about twenty minutes and hypodermic of atropine gr.

1-125 brought respirations to 35 per minute, pulse 160 and of good quality. Oxygen was administered for two hours. A rectal injection of hot coffee and whiskey was given. Patient aroused somewhat from the comatose condition and asked to be turned on her side at 4:45 A. M. At 4:50 she had two successive slight spasms followed immediately by a severe convulsion, in which convulsion she died. Total antitoxin used was 27,000 units. The leucocyte count in this case was 21,000.

These two cases arouse a puzzling interest when comparing the prognosis on the first day and the ultimate outcome of each. Thus, the first case—period of incubation of eight days; wound deep in the palmer fascia and suppurating; the disease apparently more advanced, judging from the symptoms; the treatment in the first twenty-four hours, comparatively less radical and a leucocyte to count of only 16,000.

The second case which proved fatal within thirty-six hours, in which there was a period of incubation of fourteen days—only a superficial, non-suppurating wound. Symptoms less marked. A more radical treatment within the first twenty-four hours and a leucocyte count of 21,000. Surely the fatal second case, with its long incubation period and high leucocyte count, had a more favorable prognosis on the first day than had the cured first case with its short incubation period and moderate leucocytosis. According to all recent literature on this subject a much different result was to be expected.

Ruptured Tubal Pregnancy; Death without Operation.

Reported in The American Journal of Obstetrics, September, 1910.

At a meeting of the New York Academy of Medicine held April 28, 1910, Dr. Philander A. Harris, Paterson, exhibited a specimen consisting of the uterus, tubes and ovaries removed at autopsy, death having been due to ruptured tubal pregnancy and presumably not advanced beyond two or three weeks of gestation. The growth occurred in the isthmian portion of the left tube so well in the uterus as to probably constitute a so-called cornual pregnancy. This patient was perfectly well until about 4 o'clock in the morning, at which time she was seized with very severe colics and was attended by her physician until she died at 11 o'clock that morning, just seven hours after the first symptoms. She was believed by her physician to be suffering from a criminal abortion and probably on that account tubal pregnancy was not diagnosticated. The patient denied any history of interference. Dr. Harris was asked to be present at the official autopsy. There was found in the abdominal cavity several quarts of dark blood and many clots. A median line anterior section of the corpus, fundus and cervix uteri shows the presence of a very considerable decidual formation in the cavity of the uterus, and presenting no evidence whatever of intrauterine traumatism. This case was reported by Dr. Harris as an instance of very prompt death from ruptured tubal pregnancy without surgical interference.

Case of Ovarian Pregnancy.

Dr. George H. Balleray, Paterson, reported the case of a woman, forty years old, married ten years, but never pregnant. After skipping her menstrual period two weeks, she had an irregular discharge of blood. She then went one month without seeing anything. Then she had a moderate discharge of blood which lasted four or five days. Two weeks later she had an intense pain in the abdomen, for which morphine had to be given, but this relieved her for a time only. This was followed by much abdominal distention and vomiting. Two weeks after this she was able to be about and on her feet. Two weeks later she was again seized with pain and another physician saw her. She became very much distended and she vomited incessantly. She was then sent to the hospital. On examination, nothing was to be felt from below. She had an old salpingitis and an old peritonitis. Palpating her above showed the abdomen to be very tender and distended and he was unable to map out anything. Her temperature was about 100 degrees Fahrenheit, pulse from 120 to 126. She was nourished by rectum for a few days. She had sordes on her teeth, her tongue was dry and she had the usual symptoms attending the so-called typhoid state. Her bowels were washed out, and she gradually improved. After three weeks a distinct mass was felt distinctly on the left side. The abdomen was opened and very extensive and dense adhesions were encountered. The mass was removed and was apparently a four-months-old fetus. Outside the mass the tissue was made up of ovarian tissue. Dr. Balleray said he had always maintained that there was no such thing as a true ovarian pregnancy, but from a study of the gross anatomical conditions that were presented, he believed that this was a true ovarian pregnancy.

Complete Absence of Vagina and Uterus.

Dr. Meyer Frankel presented this case at a meeting of the New York Academy of Medicine, as reported in the Medical Record:

The patient was 24 years old; had been married two years. She had a sister who had not menstruated, although she was now sixteen years of age. The patient had always enjoyed perfect health, but had never menstruated. When nineteen years old she consulted a physician because of the fact that she had never been unwell. An operation was performed and she was told that she might marry. Her chief complaint was severe pain on intercourse. An examination revealed a complete absence of vagina and uterus. The clitoris was present and the woman had a desire for intercourse. During her two years of married life, the husband had attempted intercourse and, during his orgasm, the semen was injected into the bladder; this caused the sphincter of this organ to

become overdistended, and lowered its tonicity to such an extent that the patient could not retain her urine. After keeping the husband apart from her for six months, the tonicity of the sphincter was regained and she could now retain her water. Dr. Frankel asked if there had been reported any cases of artificial vagina made by intestinal transplantation, such as had been reported by Dr. J. F. Baldwin, of Columbus, Ohio. No member present was familiar with any such instances.

Absence of Vagina.

Dr. Louis J. Ladinski presented this patient, who was twenty-three years old. This was a case in which there was a complete absence of the vagina. The cervix extended down to the introitus vaginam. The dilated os serves for the entrance of the vagina, and the cervical canal for a substitute vagina.

Removal of Bladder for Carcinoma.

Dr. Petrow, in Deutsche Zeitschraft fur Chirurg., Leipsic, reports a case in which the patient was in good condition nine months after total removal of the bladder for malignant disease. In a second case the disease was far advanced and the heart dilated, and the patient succumbed during the preliminary operation. He reviews 64 cases he had found in the literature, the immediate mortality having been 50 per cent., 11 others succumbing in from 2 to 5 years, while 13 others are still living from a month to 16 years since the operation. The ureters were implanted in the intestine in 11 cases, including 6 in which the patients are still living after from 4 to 18 months, while the survival was from 3 months to over 5 years in the 5 other cases. In the 3 cases in which the ureters were implanted in the vagina, the patients are still living, after 3 months, 8 months and 16 years. In 9 cases the ureters were implanted in the skin in the lumbar region front or back, and 5 of the patients died in from 2 to 13 months; the others are still living after 4 months in one case and 2 years in the three others. The communication issues from Oppel's surgical service at St. Petersburg. Petrow advocates operating on the ureters first, not removing the bladder until two weeks after they have been implanted at the desired point. He recommends the intestine for this. The laparotomy for the purpose allows oversight of conditions before the final operation. The outcome depends on the state of the kidneys, as a rule; if they are diseased, as in his second case, there is not much hope of a successful termination.

Vesical Calculus in Child Five Years Old.

Dr. L. Baumel, Montpelier, reports the case in Annales de Medicine et Chirurgie Infantiles, No. 12, 1910, Abstracted in Amer. Jour. of Surgery:

For a year the boy had been suffering from occasional hematuria, dysuria and sudden stoppage of the urinary stream. On examination, the glans and prepuce were both hypertrophied, a condition sufficient to account for the last two symptoms presented. An attempt to pass a sound was unsuccessful, owing to spasm. By rectal examination, the bladder could be felt. With the patient in the supine position, a stone was not palpable, but, when the patient was suddenly set up an impulse of a firm body was felt against the finger in the rectum. This was the first time the author ever felt such a "ballottement," and he considers it a sign of considerable importance, one that may be of great value in such cases as this one. It was only at a subsequent examination that Baumel could pass a metal sound and feel the characteristic click.

Foreign Body in the Peritoneal Cavity.

This patient, a woman, had three distinct attacks of abdominal cramps and vomiting before Roth saw her. On opening the peritoneum a considerable quantity of clear serum escaped. Digital exploration revealed a cord-like structure running from the right side toward the median line and downward, and attached to a mass of adherent intestine which it constricted. On separating this cord-like structure, which proved to be omentum, and withdrawing it from the abdomen, a foreign substance, about two and a half inches long and about one-quarter inch wide, was brought out with it. On examination this foreign body proved to be a pledget of absorbent cotton discolored by blood. Further examination revealed two loops of the ileum adherent at the mesenteric borders. The adhesions were broad and firm and required ligation before division. In the midst of these adhesions some more cotton was found and removed. After repairing the denuded surfaces the cord of omentum was examined and in its lowest portion, the one which was attached to the mesentery, another piece of cotton was found firmly embedded.

Knowing that the patient has never had an abdominal section, suspicion pointed to the uterus as the most probable organ which might have been perforated during an induced abortion. The pelvic organs were, therefore, carefully examined, but, with the exception of a small indurated area in the lower part of the posterior wall of the uterus — perhaps at the level of the internal os—there was nothing noteworthy. Later the patient confessed to having had several abortions induced, the first in 1906, and the last about March 28, 1908, when about two months pregnant, or about six weeks before the onset of the present illness.

Foreign Body in the Duodenum.

Dr. Somerville Hastings, in the British Medical Journal, reports the case of a girl three years of age who had swallowed a short piece of pencil with a metal extremity. She was admitted to the hospital three days after the accident suffering from diarrhea and colicy pain. The X-ray showed a well-marked shadow, evidently the metal end of the pencil, about one and one-half inches from the middle line beneath the right costal margin. The child was examined daily with the X-ray, but neither constipating food nor purges made any difference in the position of the pencil. At operation the pencil was felt impacted across the gut just at the bend between the descending and transverse parts of the duodenum. It was disimpacted and pushed into the stomach. It was hoped to remove the pencil by way of the esophagus, but that attempt was abandoned and an incision was made through the anterior wall of the stomach. Innumerable cases are recorded both

in children. and in adults in which the most-varied assortment of miscellaneous articles have been successfully cared for by the alimentary tract and passed by the rectum that the rarity with which they gave rise to any serious trouble must appear striking. The screen examination in the case reported seems to indicate that the duodenum of children is more movable than might be imagined, and it is probable that this part of the bowel is capable of considerable dilatation. The observations of Muller and Exner serve to show that a curved and pointed body will be rotated by the bowel into such a position that it will pass most easily.

Unusually Quick Rash following Injection of Diphtheria Antitoxin.

Reported by Louis Neuwelt, M. D., New York, in the A. M. A. Journal.

The usual length of time elapsing between the subcutaneous injection of a dose of diphtheria antitoxin and the following skin reaction is given by various writers as varying between twenty-four and seventy-two hours. The following case showed an unusually quick reaction:

History—M. K., boy, aged 6, was seen by me twenty-four hours after he was taken ill. I found him in bed with temperature 101.4 F., pulse 104, respiration 23, and complaining of difficulty in swallowing. A pharyngeal examination showed a typical picture of diphtheritic exudate on both tonsils and spreading partly up the pillars of the fauces. A later bacteriologic test by the New York City Department of Health confirmed the diagnosis of diphtheria. I immediately gave a subcutaneous injection of 3,000 units of diphtheria antitoxin of New York City Department of Health into the tissues of the abdominal wall, and after a few minutes left the patient. I was gone about ten minutes when I was recalled by the mother, who told me that the boy's body had "broken out all over." I returned and found the boy covered with urticarial wheals varying from the size of a lentil to that of a bean. This rash lasted for about thirty-six hours, gradually abating in severity, and the boy finally made an uneventful recovery.

A Rare Case of Appendicitis.

The following is from he Gulf States Journal of Medicine and Surgery, Mobile:

This is a case of appendicocecal intussusception. The appendix was found to contain literally thousands of small round bodies that varied in size from a small shot to that of an English pea. They were detached one from another and from the inner appendix walls. They exhibited a pearly lustre, were quite firm, opaque and elastic.

Visceral Hemorrhages in Influenza.

Dr. Ghedini, in Gazzetta degli Ospedali e delle Cliniche, Milan, reports a case of congestion and visceral hemorrhages in influenza in which the influenza bacillus was cultivated from the blood and was evidently responsible for the swelling, congestion and hemorrhagic tendency in the lungs, stomach, intestines, liver, spleen and kidneys. The patient was a young man and the severe syndrome ran its course to apparently complete recovery in less than a month.

Peritonitis in Young Infants.

Two cases of peritonitis in young infants are reported by Dr. Burdick in the Bulletin, Lying-in Hospital, New York. The infection in both cases was probably through the umbilicus, although there was no gross lesion in either instance. In one of the cases it is fair to suppose that erysipelas in the mother was the source of the infection, although there were no cutaneous lesions on the body.

A Fatal Case of Hemophilia.

Dr. L. A. Parry, in the British Medical Journal, relates the case of a boy, four years of age, who bled very freely from a cut about one-third of an inch in length on the front of the right side of his tongue. Stitching the edges of the wound together did not stop the bleeding. The cut ends of the blood vessels were then caught with forceps, which lessened the bleeding, but on putting in two more stitches free oozing took place from the needle punctures and continued uninterruptedly until a few hours before death, which occurred about forty-eight hours after he had first seen the patient. Calcium chloride was given in large doses. The child had nearly bled to death on a previous occasion from a small cut on the finger. This case illustrates the well-known facts that the tendency to hemophilia usually appears early in life, the first hemorrhage rarely kills, and over 50 per cent. of those thus affected die before the age of seven years.

A Case of Opium Poisoning.

Reported by Dr. E. B. Claybrook, of Cumberland, Md., in the A. M. A. Journal.

History—J. W. S. was admitted to Allegany Hospital on June 30, 1910, with no history except that he was taken from a train on the way from a near-by town, in profound coma. There happened to be in the hospital a patient from the same town, who knew the man, and said that he was a painter subject to painter's colic and a hard drinker.

Examination.—The man was in profound coma, pupils pin-point, pulse soft and regular, respiration three to the minute, temperature normal, urine normal. The diagnosis of opium-poisoning was made.

Treatment and Result.—The stomach was washed out, and the bladder emptied. Supraorbital pressure and castigation with a wet towel brought no response whatever. The left median cephalic vein was opened for saline transfusion and five pints of saline solution in which 7 1-2 grains of caffein citrate had previously been dissolved, were allowed to flow in rapidly through an eye-dropper. The man made no response to any attempts to arouse him, or to the incision and the handling of the wound, but began to writhe as the stitches were put in; and by the time the wound was sutured, sat up in bed and talked rather clearly. His recovery was complete and he gave no further trouble. It was afterward found on questioning him that his home doctor gave him a "good strong" hpyodermic before he left home and some powders of morphin with directions as to taking them. As the pain was not relieved in a few minutes from the hypodermic he then "took all the powders at once" and boarded the train.

SYPHILIS OF LIVER AND OTHER ORGANS.

Reported by Dr. D. S. Lamb, Washington, D. C., at the October meeting of the Medical Society of the District of Columbia. From the Washington Medical Annals, November, 1909.

Mulatto woman, age 26; had had rheumatism; no history of syphilis; one sister had heart disease. In February, 1909, patient had right-side pleurisy and pain in left side, with palpitation of heart and was unable to lie down. Admitted to hospital March 15, 1909, and died May 13th; had dyspnea, cough, some heart trouble; feet swollen, although the swelling afterward disappeared.

While in hospital her temperature was about normal, except for a few days, in which it rose to 101; her pulse was at first 144, then fell to 100, for a few days rose to 120, then fell again to 100. The respirations at first were 40, then fell to and remained at 30. The urine varied from 1,027 to 1,005; sometimes acid, at others alkaline, with albumin and hyaline casts.

At the autopsy the lungs were found edematous; some old adhesions; a chalky nodule in the upper lobe of the right lung, which doubtless indicated old tubercle. Heart enlarged, left side dilated, aortic valve ulcerated and deformed; a shallow ulcer also on the mitral valve; these were probably of syphilitic origin. There was a subphrenic abscess; its walls were constituted by the stomach, liver, spleen and diaphragm; the abscess was well walled off and contained a slough. The liver was enlarged, cirrhotic, fissured, firmly adherent superiorly; on section showed gummata, as demonstrated by the microscopical examination made by Dr. J. S. Neate, of the Army Medical Museum. The kidneys were large and tough; capsule adherent to substance; color, dark red; also probably syphilitic.

Although no external evidence of syphilis was noted there would seem to be no doubt as to the syphilitic origin of the lesions of the heart and kidneys.

With regard to the subphrenic abscess the cause was not found; an interesting question is whether it might not have been due also to syphilis, but, if so, through what connections? None of the usual causes of such abscess was found in the case reported.

Perhaps the best recent monograph on subphrenic abscess is that of Barnard, in the British Medical Journal, 1908, Vol. I., pp. 205, 371 and 429. He analyzed 76 cases recorded on books of the London Hospital. Of these one-third were caused by gastric ulcer; one-sixth by diseased appendix; another sixth by hepatic abscess; and the remaining third were divided up among duodenal ulcer, rupture of intestine, pyosalpinx, pyemia, suppurative cholangitis, pneumonia, splenic infarction, cancer of stomach or pancreas, typhoid fever, parturition, abscess of kidney, perforation of ureter, disease of vertebra, perforation of common bile duct, suppurative pancreatitis, wounds and operations.

The micro-organism that caused the abscess in the case reported, was not determined. In the 76 cases analyzed by Barnard the organism was determined in only 12; the colon bacillus, typhoid bacillus, pyocyaneus, pneumococcus, staphylococcus and streptococcus. In some, and perhaps many, of these abscesses the pus is sterile and the organism cannot then be determined.

Abstracts from Medical Journals.

Duodenal Ileus.

Weinbrenner urges that more attention should be paid to postoperative duodenal ileus as it is so easily remedied. The syndrome is apparently that of perforation peritonitis with a stormy onset, but all disturbances subside if the patient assumes the ventral or the knee-elbow position. This relieves the mechanical trouble causing the disturbances. The possibility of this mechanical ileus should be borne in mind in every case of persisting postoperative vomiting of bile.—Muenchener Medizinische Wochenschrift.

New Method of Closing Intestine.

By Dr. R. Klapp, of Berlin, in the Deutsche fur Chirurgie.

On the cadaver and in several cases of intestinal and pyloric resection in the living human being this new method of closing the lumen of the bowel has been found of easy application. The divided end of the bowel is crushed, this portion of the bowel is then grasped with a narrow-bladed clamp (the author employs the clamp devised by Moskowicz for his aseptic intestinal anastomosis). The clamp is rolled backward along the axis of the bowel. In this manner bowel serosa is brought in contact with bowel serosa. The rotation should at least be one of 180°. The serosa of the intestine rolled up on the clamp should be sutured to the adjoining serosa of the non-rolled portion of the intestine. An additional suture is placed through the mesentery.

Cancer of Pylorus; Radical Operation for.

In the British Medical Journal, February 12, 1910, Dr. E. W. H. Groves maintains that there is a good prospect of cure in early cases of the disease; that exploratory operations should be performed for diagnostic purposes in all doubtful cases; that a more systematic attempt should be made to remove the whole of the lymphatic area connected with the stomach; that the limits of operability, both for palliative and radical operations, should be confined more rigidly. Bad results he ascribes to the fact that an unreasonable time is usually allowed to elapse before the patient is presented for surgical treatment. In the majority of cases the diagnosis is to be made from the cardinal symptoms of loss of weight, vomiting and pain. In all doubtful cases the patient should be submitted to exploratory operation, unless the body weight rises under medical treatment. Even exploratory operations often leave the diagnosis doubtful. In such circumstances, the patient should be seen at frequent intervals or else treated by excision.

Mortality after resection of cancer of the stomach, according to Groves, is about 50 per cent. This is caused by peritonitis, shock and lung complications. The immediate mortality can be greatly reduced by adopting the two-stage method. The mortality can be further much reduced by excluding cases in which the colon, pancreas, or posterior lymph glands are seriously involved. The adequate removal of the associated lymph areas demands that the

great omentum and the tissues in front of the pancreas should be taken away. Remote results of radical operations only give a percentage of 7.6 three year recoveries of those operated on. This low figure, Groves believes, may, in part, be due to the inadequate removal of lymphatic tissues.

Innocently Acquired Syphilis.

The following deductions are offered by Dr. Walter Brooks Brouner: (1) That syphilis, one of the most contagious infections afflicting mankind, is undoubtedly on the increase as judged by hospital and private practice. (2) That there is woeful ignorance on the part of the public both as regards its origin, its frequency, and its communicability. (3) That many estimable, respectable people acquire this disease innocently and for a long time are unaware of the real nature of their illness. (4) That these innocent victims innocently infect others. (5) That the most frequent source of infection is by using public drinking cups, public towels in bathrooms, and improperly washed cooking utensils, etc. (6) That the use of the common communion cup in public worship should rapidly be done away with and individual communion cups substituted therefor. (7) That the practice of passing around drinking water in public places of amusement should be prohibited by local boards of health, because of the danger of infection that lurks in these drinking cups. (8) That hospitals, dispensaries, and public buildings should not be provided with public drinking cups, but that individual paper cups should be provided. (9) That the public should be instructed as to what to demand from their dentists in the way of aseptic instruments. It is, alas! too common a practice for dentists not to pay any attention to the advances made in our knowledge of asepsis. (10) That medical men should ever be on the alert to diagnosticate lues, or syphilis, when present, ever mindful that it is a disease common alike to the prince and the pauper.—Medical Record.

Duodenal Regurgitation.

Dr. A. Bassler, of New York, in the New York Medical Journal, directs attention to the stomach condition in which clinically the oils or fat foods, such as olive oil, milk, cream, butter and eggs, seem to be indicated, but in which they do harm and perpetuate the condition. During the past winter he has seen four individuals, all men of middle age, who were definite instances of this, each of whom had been in the hands of competent practitioners without benefit, and each of whom made substantial recoveries when the fat had been stopped and he was placed on a fat-free diet (skimmed milk, white of eggs, carbohydrates, green vegetables, boiled meats, etc.). These cases occurred in individuals who gave a history of having had no stomach disorder up to the onset of acute symptoms. The subjective symptoms were those of sharp pain in the epigastrium, radiating to the back, which persisted for from several minutes to several hours, and sometimes over one or two at a time. In each instance these pains were described as most severe, irregular in duration, quite incapacitating the patient for the time being and then suddenly ceasing, at which the individual was as well as ever. There was no distinction in any of them as to when this spasmodic pain would begin or cease, and it was independent of meals or the ingestion of foods of different character or quantities. One of them said that nausea was present at the time that the pain was severe, but none had vomiting at any time during the illness. Other than the seizures of pain, which came on acutely in the first attack, there was nothing particular in the history of any of them.

Poliomyelitis.

Dr. C. A. McClanahan reports in the Western Medical Review, Omaha, that from May 30 to July 4, 1909, there occurred in the Stromsburg territory (a place of residence) 30 cases, while from July 4 to August 3, there were 115 cases. The first case that is suspected of being infectious poliomyelitis in Polk County occurred about the middle of May, 1909. The patient was a child 5 or 6 years old, who came from some distant part of the State, just after recovering from the acute stage. The first case that Anderson saw occurred 11 miles northwest of Stromsburg on May 30; the patient had been ill for one week and during that time had been under the care of a physician from the nearest town, who had made a diagnosis of influenza. Of the 86 patients seen by Anderson, 84 per cent. were less than 10 years old. In 40 families of 150 children, 86, or 57 per cent., contracted the infection. Isolation of the sick was carried out so far as possible and when many were sick in one family infection had usually occurred before medical aid was called.

The number of patients who recovered from the acute symptoms in less than a week was 32. Thirty of these showed no marked paralysis, except that a leg might suddenly give way while walking along, thus causing the little patient to fall oftener than usual. The spine was more or less spastic, especially in the cervical region, and the gait commonly stiff and awkward. The remaining 2 were paralyzed as follows: left leg and right arm, recovery almost complete in 5 months; mental symptoms, recovered in 9 months. Seventeen recovered from acute symptoms at the end of a week; 8 had no well-defined paralyses, and 9 were paralyzed. Three have not yet fully recovered; facial paralysis, one leg and back; both legs, subsequent history unknown. Seven recovered from the acute symptoms at the end of 2 weeks, one without paralysis and 6 paralyzed. Two recovered from paralysis as follows: one was affected mentally and recovered in one week; one eyelid paralyzed, recovered in 2 months; two paralyzed in one arm and two in one leg and were not completely recovered in 8 months.

Twelve patients recovered from the acute symptoms at the end of 3 weeks, and all were paralyzed. Six recovered from paralysis as follows: one leg recovered in 7 months; right arm recovered in 6 weeks; diffuse weakness, recovered in one week; both legs and back recovered in 2 months; both legs recovered in 5 months. Six patients have not yet (8 months) fully recovered from their paralysis: Right leg, two patients; left leg, one; left leg and trunk, one; left leg, one; one arm and one leg, one. Seven patients recovered from the acute symptoms at the end of 4 weeks, and 3 recovered from the paralysis in 3 months: Both legs, 2 cases; one leg, one. Four have not yet (8 months) recovered from the paralysis; right

leg; both arms; both legs and trunk. Of the 82 surviving patients, 48, or 60 per cent., were at first markedly paralyzed, and, of these, 27 have since functionally recovered, while 21 are yet more or less paralyzed, many of whom will need some orthopedic treatment to prevent deformity. Four patients in this series died, all of bulbar paralysis.

The treatment was eliminative and supportive with rest in bed in the lateral position. Cold was applied to the head and counter irritation used along the spine. Hot baths after the fever stage seemed to relieve the intensity of the neurotic pain somewhat. One patient improved remarkedly during the night following the fumigation, while inhaling the formaldehyd fumes yet remaining in the bed clothing. The previous day the pain and the muscular contracture of the leg prevented extension of the knee to more than right angle, while the following day it could be extended completely, and even permitted some walking. No especial importance is attached to this, however, as improvements were frequently sudden.

Dr. J. C. Malster, Omaha, treated 54 cases of epidemic poliomyelitis occurring in 40 families. Four of these patients were adults: Children in families, 96; children that had it, 50; families in which all children had it, 21; families of only one child, 10; paralyzed (30.3 per cent.) 16; recovered from paralysis (66 2-3 per cent.) 11; left paralysis (33.3 per cent., or 10 per cent. of all) 5; deaths, 1 per cent.; recurrences, 2; paralyzed, able to walk (one not old enough) 3; paralyzed before called (these are the only ones that cannot walk) 2. Ages of patients, 9 days to 37 years. Of the 50 children, the oldest two were 10 and 12 years, and the remainder under 10 years. Nearly every case could be traced to some other case or to a locality where the children played together. Quarantine checked it and caused fewer in the family to have the disease; and isolation, together with care in not allowing kissing of the sick, eating and drinking after the sick, etc., also helped to check it.

Vincent's Angina.

Dr. M. I. Holm, of Lansing, Mich., reported in the Journal of the Michigan State Medical Society, August, 1910, 265 cases of Vincent's angina, which occurred in suspected cases of diphtheria, and which were examined at the laboratory of the Michigan State Board of Health.

In all the cases separate examinations were made from swabs and cultures on fresh Loeffler serum. In most of the cases which had been diagnosed as diphtheria on clinical grounds, two or more swabs were examined. In no case, however, examined for diagnosis, has a negative finding been followed by a positive. B. diphtheria was recorded whenever present, regardless of the relative number; other organisms were not recorded, except when proportionately numerous, and then only the predominating organism was mentioned. B. fusiformis was recorded only when found by direct smear from the swab to be more numerous than any other.

The total number of cases examined for diagnosis was 265; showing B. diphtheriæ, 118; B. fusiformis, 73. These 73 cases occurred in 33 males and 40 females. The lowest age given was two years and the highest 45, the average being 18 years. A membrane was described in all but four cases, involving both tonsils 38, one tonsil 31, and extending to adjacent structures 15. The color of the membrane was given as gray or grayish 41, yellow 9, white 8, grayish yellow 5, greenish yellow 1, creamy 2. The highest temperature given was 103.6 F., the lowest 98.5 F., the average being about 100.5 F. The clinical diagnosis was given as diphtheria 28, suspicious or questionable 20, tonsillitis 17, Vincent's angina 5, and scarlet fever 1. The cultural results showed steptococci 29, staphylococci 20, diphtheria 14, M. catarrhalis 8, pneumococci 1, Hofmann's bacilli 1.

In the entire series of 265 cases, diphtheria was diagnosed on clinical grounds in 99. The bacteriologic examination of these 99 cases showed B. diphtheriæ present in 64 cases, absent in 35 cases. Among the 73 cases showing B. fusiformis, diphtheria was diagnosed clinically 28 times. The bacteriologic examination of these 28 cases showed B. diphtheriæ present in 1, absent in 27. This gives a percentage in the clinical diagnosis of diphtheria in the presence of B. fusiformis of 96.4. The cultural results in this series of cases indicate that streptococci and staphylococci are the most usual in cases of Vincent's angina. It should be further noted that in over three-fourths of the cases of pseudodiphtheria, the direct smears from the membrane showed a predominance of B. fusiformis.

Vincent's angina, according to Dr. J. B. Rolleston, in the British Journal of Children's Diseases, July, 1910, is an uncommon disease, occurring in 0.9 per cent. of all cases of sore throat, and in 4.9 per cent. of cases of non-diphtheria angina. During a five years' period of observation in a hospital population of all ages, the affection was confined to children between 2 and 16 years. No instances of contagion were observed. Its incidence was greatest in spring, least in autumn. It was not found to show any predilection for weakly children or for cases of oral sepsis. There is nothing characteristic in its prodromal symptoms. Rolleston holds that there are not two distinct varieties of Vincent's angina. The ulcerative is merely a later stage of the membranous form. Constitutional symptoms are slight or absent, but the local affection is more pronounced than in diphtheria. Association with other diseases is uncommon. The prognosis is favorable and complications are infrequent and usually insignificant. Treatment consists in the local application of tincture of iodin or methylene-blue powder. Internal medication is usually unnecessary.

When a foreign body in the nose is not easily removable with forceps, remember Felizet's simple method—the injection of warm water into the opposite nostril. Use a syringe or douche nozzle that snugly fits the naris. Begin gently and slowly, then increase the force. As the resistance suddenly ceases, the foreign body is shot out (or at least is dislodged,) by the presure of the fluid reflected from the posterior wall of the pharynx.

Reports from County Societies.

ATLANTIC COUNTY.

Theodore Senseman, M. D., Reporter.

The Atlantic County Medical Society met in the Hotel Islesworth, Atlantic City, October 14th, with good attendance of members.

After the transaction of routine business:

Dr. Thomas S. Cullen, Professor of Gynecology, Johns Hopkins Medical School, Baltimore, presented a paper on "Diseases of the Umbilicus."

Dr. John A. C. Tully, of Atlantic City, read a paper on "Serum Diagnosis of Syphilis."

Discussion of these papers was participated in by Drs. Darnall, Stimson, Marvel and Senseman.

A collation was served at the close of the meeting.

BERGEN COUNTY.

Reported by Fred S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, October 11th, 8:15 P. M. The president, Dr. James W. Proctor, occupied the chair, with eighteen members present.

The meeting opened with the usual order of business. Drs. G. P. Pitkin, of Bergenfields, and J. B. Edwards, of Leonia, were elected to membership.

Several members reported interesting cases, after which a social session was enjoyed.

BURLINGTON COUNTY.

George T. Tracy, M. D., Secretary.

The regular quarterly meeting of the Burlington County Medical Society was held at the Metropolitan Inn, Burlington, N. J., Wednesday, October 12, 1910. In the absence of the president, Dr. J. B. Wintersteen, of Moorestown, the vice-president, Dr. A. L. Gordon, of Burlington, called the meeting to order at 1:15 P. M.

The following papers were read and freely discussed: "Early Removal of Hypertrophied Tonsils and Anedoids in Children," by Dr. Ephraim R. Mulford, of Burlington; "Indications for Operating in Ectopic Gestation," by Dr. W. Oscar LaMotte, of Riverside; "Poliomyelitis," by Dr. Peter Boysen, of Riverton; "Reports of Interesting Cases," by Dr. Alexander Marcy, Jr., of Riverton.

By a poll taken from the members present it was found that they had treated about thirty cases of poliomyelitis during this year. A communication was read from Dr. William A. Clark, secretary of the Judicial Council, regarding lodge contract practice. A committee of three was appointed—Drs. Phipps, Mulford and Tracy—to investigate lodge practice and medical inspection of schools in this county and report at the next meeting.

On motion it was decided to hold the annual meeting at Mt. Holly, January 11th, the committee, Drs. Parsons, Melchor and Tracy, to arrange the time of day and place. The society adjourned after enjoying a well-provided dinner.

CAMDEN COUNTY.

Reported by Dr. H. H. Sherk, Camden.

The regular meeting of the Camden County Medical Society was held in the Dispensary building, October 11, President Joseph S. Bae M. D., occupying the chair.

Dr. Duncan W. Blake, Jr., of Gloucester City was elected an active member of the society and Dr. Fred W. Shafer, of Camden, was reported on favorably by the censors for election at the next regular meeting.

The report of the Committee on Contract Practice made the following report, which was adopted and a copy of it was ordered to be sent to every practicing physician in Camden County, including the homeopathic physicians:

"Whereas, The medical profession is being pauperized by the system of contract practice and

"Whereas, The said system is degrading the profession; therefore, be it

"Resolved, That it is the sense of this society that any physician entering into contract with a body corporate or incorporate for medical attendance upon members and their families for less than the recognized fees adopted by this society, jeopardizes his or her professional standing before this body.

"Resolved, That we recommend the formation of a physicians' protective association, the object of which is to have a uniform standard for the regulation of charges for professional services."

Dr. Thomas N. Gray, of East Orange, who was present as an honored guest, spoke on the resolutions and told what had been done in the district he represented, and said that at the present time there were no contract physicians in any of the counties of the first counsilors' district.

Dr. Albert B. Davis, of Camden, read an up-to-date paper entitled "Some Recent Advance in Serum Therapy." He gave a resume of the great work done by Flexner and others, showing how the death rate of cerebrospinal fever had been reduced from 70 to about 30 per cent by the serum treatment.

Dr. John Laird, of the University of Pennsylvania, Philadelphia, read a very timely and able paper entitled, "Demonstrations and Remarks Upon the Wasserman Reaction." These papers were discussed by the following members and guests: Drs. Benjamin, Sherk, Nicholson, Stevenson, Markley, Rodgers and Chavanne.

After the business meeting the society adjourned to the banquet-room, where the members were treated to an excellent repast, followed by speech-making, with Dr. E. L. B Godfrey as toastmaster.

The following visiting physicians were present: Dr. T. N. Gray, East Orange; Drs. Diverty, Reading and Ashcraft, of Gloucester County; Dr. Smith, of Haddonfield; Drs. Katherine Sherk and Shafer, from Camden.

CUMBERLAND COUNTY.

John H. Moore, M. D., Reporter.

The quarterly meeting of the Cumberland County Medical Society was held at the City Hotel, Bridgeton, October 11th. President Alfred Cornwell occupied the chair, nearly all the members of the society were present and

mber of visitors from neighboring medical cieties.

Dr. James Hunter, of Westville, councilor of e State Society for this district, addressed the ciety in the interests of the Medical Society d of the medical profession in general, urg- g upon the physicians the duty of co-operating upholding the ethical standards of their call- g, particularly in their business relations co ch other and to the public.

The session was almost exclusively a business e and an animated discussion took place re- rding the subject of medical inspection of hools and of the fees that should be de- anded for this kind of work.

Dr. Leslie W. Cornwell, of Bridgeton, chair- an of the committee appointed to investigate e subject, read a report recommending the herence to a fee of $1 for each examination ade. It was finally decided that no physician ould be allowed to retain his membership in e society who refused to abide by the scale of es for this work.

A resolution was also adopted regarding the dustrial life insurance examination fees, it be- g decided that physicians, members of the so- ety, should not continue to perform this kind f work.

Dr. Louise Patterson, of Vineland, and Dr. S. Halsey, also of Vineland, were elected embers of the society.

Among the visitors present were Drs. W. H. arpenter, R. M. H. Davis and B. A. Wadding- on, of the Salem County Society; Drs. C. S. eritage and C. S. Fisler, of Gloucester County ociety.

The society adjourned to meet at the City otel on the second Tuesday in January, 1911.

MERCER COUNTY.

H. R. North, M. D., Reporter.

The Mercer County Component Medical So- iety held its regular monthly meeting, October oth, at 8:30 P. M., in the Council Chamber t the City Hall, Dr. C. J. Craythorn presiding.

Plans were discussed for the annual banquet.

Dr. George N. J. Sommer, of Trenton, read paper entitled "Cystitis Colli in Women (A eglected affection of the bladder); Its Eti- ology, Symptomatology and Treatment," which vill be found on page 290 of this issue of the ournal.

Dr. Martin W. Reddan reported a number of nteresting cases as follows:

Two cases of injury to wire drawers. In the irst case the wire had been drawn tightly around he thigh and presumably the femoral vessels had been ruptured. This man refused treatment nd soon after died of sepsis. The skin of the high had not been injured.

In the second case the entire mass of adduc- or muscles had been ruptured, the femur frac- tured in its upper third. The femoral artery contained a blood-clot about 3 inches long. Amputation was performed and at the present time the man is doing well. The injury was re- ceived in exactly the same manner as the first case, and in this instance, likewise, the skin of the thigh was uninjured.

Third—Case of hysteria in the male. A negro was admitted to his service in the St. Francis Hospital with symptoms of compres- sion of the spinal cord. There was complete paralysis, both sensory and motor, below the waist line. A tentative diagnosis was made. The following morning upon an attempt to catheterize this man he suddenly regained full power and jumped out of bed.

Fourth—An interesting case of fly-blown in- fection. A patient presented himself at the office with a history of discharge of pus from the rectum. Upon investigation the larva of the common house fly were found in profusion.

Both Dr. Sommer's paper and Dr. Reddan's cases were thoroughly discussed.

The next meeting of the society will be held the second Tuesday in November, at which time the annual banquet will be held.

MIDDLESEX COUNTY.

Howard C. Voorhees, M. D., Secretary.

The regular quarterly meeting of the Middle- sex County Medical Society was held at the Packer House, Perth Amboy, on Wednesday, October 19, 1910. The president, Dr. Benjamin Gutmann, of New Brunswick, in the chair, twenty members being present, including those elected at this meeting. Word was received from Dr. A. Treganowan, of South Amboy, re- gretting his inability to attend.

It was a matter of universal regret that Dr. Edward W. Scripture, of New York City, who was to have made an address on "The Psy- chology of Speech," was prevented, by a severe attack of laryngitis, from being present. The members present expected to enjoy a rare treat in listening to him.

The society gave Dr. W. E. Ramsay a vote of thanks for his efforts in trying to secure Dr. Scripture and requested Dr. Ramsay to secure the doctor for a subsequent meeting of the society.

On motion of Dr. English, Dr. H. A. Cotton, director of the State Hospital, was invited to prepare a paper to be read at our next meeting on the Premonitory Symptoms of Mental Dis- ease and Their Treatment. Dr. English ex- pressed his belief that such a paper would be exceedingly helpful to our members in their efforts to arrest and prevent the development of confirmed cases of mental disease. He be- lieved from recent conversation with Dr. Cot- ton on the subject that the doctor would favor us with such a paper.

It was, on motion, decided that the next meeting of the society, in January, be in New Brunswick, and Drs. W. E. Ramsay, D. C. En- glish and the secretary were appointed a com- mittee to make the necessary arrangements for it.

Drs. Max Greenwald and Joseph S. Hay, both of Perth Amboy, were reported upon favorably by the censors for membership and they were elected.

Dr. A. Clark Hunt, of Metuchen, who is chief medical and sanitary inspector of the State Board of Health, gave an interesting talk on Anterior Poliomyelitis, the prevalence of it, the importance of reporting cases; its diagnosis, difficult at first but simple after the onset of paralysis; the importance of isolation and dis- infection.

A communication was received from Dr. W. A. Clark, secretary of our State Society's Board of Councilors, suggesting action by the society on contract practice. Action was deferred till the councilors gave a definition of contract prac- tice, what features and forms of it are deemed

unethical. It was argued that all industrial insurance examinations were under contract with insignificant remuneration, and the question was raised whether contracts made at regular fee rates were to be classed as unethical. The secretary was authorized to request further information from Dr. Clark.

After the business meeting the members adjourned to the spacious dining-room, where Mine Host Crawford had prepared an elaborate and bountiful supply of viands, and where we forgot the clinical thermometer, inadequate and tardy fees, and discussed the splendid menu.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The Hudson County Medical Society met in the Jersey City Public Library, October 4, 1910, with Dr. A. P. Hasking in the chair, and was well attended.

Dr. D. C. English, the editor of the State Journal, was one of the guests of the evening. Dr. English made a few complimentary remarks upon the past work of the society, complimenting its officers and expressing the hope that in the future, as in the past, it will be one of the leading county societies in its work and growth in the State. He praised Hudson Society for the excellent work its Legislative Committee has been doing in the past in bringing about legislation to protect the health of the community. Speaking of cases where physicians were falsely accused of malpractice, he stated that the State Society will stand by them and defend them to its best ability.

The evening was devoted to reports and discussions of original cases that have come under the observation of the attending and visiting surgeons of the two hospitals, namely, Christ and St. Francis hospitals.

Two papers were read, one by Dr. Frank D. Gray on "Some Recent Cases of Intestinal Obstruction," and the other by Dr. John J. Mooney on "Fracture of the Internal Condyle of the Humerus," which I enclose with my report.

In discussing Dr. Gray's paper, Dr. Gordon K. Dickinson remarked that the patient is often brought to the hospital in a dying condition and insisted on the early diagnosis of these cases as operative treatment in the early stage is much more successful. He admitted that the condition is hard to diagnose in the beginning and that the pathological changes are immense if the case is delayed. Especially to diagnose in annular constriction of the colon, it takes sometimes two weeks to diagnose. There are also difficulties in operating. The same has to be done in two stages with a very thorough resection of the affected part.

In discussing Dr. Mooney's paper, Dr. A. A. Strasser considered Dr. Mooney's paper of great value, especially in the medico-legal way, as the best effort of reduction and retention of the fracture may not be sucecssful. A physician has to be very careful and use the X-ray in all cases and make a proper interpretation of the same in all cases. He remembered two cases where the results were poor.

Dr. T. J. McLaughlin said it was very hard to get good results; rigidity of the muscles makes it still harder. The best position is the supine, but it is painful. The next best is midway between supination and pronation. Dr. Henry Spence approved of the early passive motion. It should be tried early in all cases. Relax patient under anesthesia. The sixth day is the first dressing, then every other day, then every day. The best position is midway between supination and pronation. Dr. Frank D. Gray thought the most important thing is anesthesia in reduction and early passive motion.

Dr. C. H. Purdy had seen four hundred cases in his radio-graphic work. He would use forced flexion and passive motion in one week. He believes in surgical treatment of fractures. Dr. G. K. Dickinson thought that the treatment of fracture is a surgical procedure not properly taught in medical colleges. A man treating a fracture assumes an enormous resonsibility. Dr. M. A. Swiney said avoid trouble in treating fractures by being insured. The X-ray and an assistant should always be used. Where condyles are fractured the Jones position has been used successfully. Dr. Aaron Nelson thought that passive motion should not begin before three weeks. Dr. E. P. Hart said first get fractures properly adjusted. He first uses a leather splint and when the fragments are in proper position he uses plaster of paris.

Dr. W. F. Faison spoke on "Prolapse of the Uterus" and its surgical treatment. Dr. G. K. Dickinson said that in the operation for procidentia uteri two factors should be considered: retroversion of the uterus and the descent of the bladder. After menopause remove the uterus. Look out for the colon bacillus in careful sponging during the operation. Dr. A. A. Strasser said that in some cases nothing can be done. He has been using Dr. Faison's operation, but has not always been successful. In using the old operation there are no painful results, being very careful at the operation not to infect the patient. The after treatment is very simple: irrigation.

Dr. Faison did not think that infection is apt to occur as easily as some surgeons seem to think. Dr. Dickinson spoke about the modern preparation of the patient for operation with the dry iodine method; painting the site of incision with tr. iodine without any ante-operative use of soap and water. The skin is not irritated and so far it has shown very good results. Dr. Spence thought that tr. iodine caused dermatitis; he thinks soap and water applied without undue force, followed by bichloride and alcohol, gives good results. Dr. Faison uses Harrington's solution and has had good results.

Dr. A. P. Hasking remarked upon the way nature takes care of wounds of certain localities, no matter what ante-operative precautions are taken. As example, he cited the wounds of the scalp.

Dr. George E. McLaughlin spoke on "606," its method and its use. He had seen many excellent results during his stay abroad with Dr. Erlich. Dr. Spence reported a case of ovarian pregnancy, where the ovum was discharged into the abdominal cavity.

Dr. G. K. Dickinson said that his original research on the so-called reflex symptoms of appendicitis as referred to the stomach is being prepared and would be presented in writing as soon as complete.

The next meeting of this society will take place the first Tuesday of November at the Jersey City Public Library.

(This report was received too late for insertion in its regular place.)

New Members of County Societies.

Blake, Duncan W., Jr., Gloucester City, Camden County.

Edwards, J. B., Leonia, Bergen County.

Pitkin, G. P., Bergenfields, Bergen County.

Halsey, John S., Vineland, Cumberland County.

Patterson, Louis, Vineland, Cumberland County.

Greenwald, Max, Perth Amboy, Middlesex County.

Hay, Joseph S., Perth Amboy, Middlesex County.

Newly elected members of county societies do not become members of the State Society nor receive the Journal, until their dues are paid to the State Society. Secretaries of county societies should forward names of all new members with their dues ($2) as soon as possible after their election to the secretary of the State Society.

Changes in Members' Addresses.

Miller, D. J. Milton, 127 South Illinois avenue, Atlantic City.

Weiss, Louis, 544 Springfield avenue, Newark.

Local, State and National Societies.

Bayonne Medical Society.

This society held its first meeting of the season at the residence of Dr. James W. Ware. The meetings are held once a month at the residences of its members, when papers on medical subjects are read and discussed. The officers of the society are: President, Dr. W. H. Axford; vice-president, Dr. B. S. Heintzelman; secretary and treasurer, Dr. W. A. Pinkerton. Drs. S. R. Woodruff and C. J. Larkey are the essay committee, and the trustees are: Drs. F. M. Corwin, J. G. L. Borgmeyer, C. J. Larkey, S. L. Myers and S. R. Woodruff.

The next meeting will be at the residence of Dr Ernest Thum, November 21st, and the essayist will be Dr. J. L. Sanborn.

Essex County Anatomical and Pathological Society.

Reported by Frank W. Pinneo, M. D.

The first regular meeting of the season of the Essex County Anatomical and Pathological Society was held at 844 Broad street, Newark, Thursday evening, October 13th, 1910. The following were the pathological cases, with specimens, presented:

By Dr. Charles L. Ill: (a) Abscess of kidney; (b) Chronic renal tuberculosis, simulating appendicitis; (c) Dermoid of ovary with twisted pedicle.

By Dr. E. S. Sherman: Abscess of temporosphenoidal lobe, following otitis media.

By Drs. Haussling and Martland: Struma lipomatoides aberata renis. This last, a "hypernephroma"' as such tumors from aberrant suprarenal "rests" are called nowadays, was exceptionally interesting and well presented, Dr. Martland tracing the growth embryologically and histologically.

By Dr. Miningham: Fibroid of cervix uteri.

By Dr. Sutton: Lantern demonstration of microscopical structure of skin epitheliomata.

The meeting, in attendance and interest, promises well for the new season and bespeaks progress for Essex County.

North Hudson Academy of Medicine.

Reported by Dr. T. J. Jacquemin, West Hoboken.

The regular monthly meeting of the North Hudson Academy of Medicine was held in Dr. E. C. Armstrong's office, Columbia Terrace, Weehawken, September 28, at 9 P. M. President Louis A. Denis, M. D., occupied the chair, with ten members present.

After the regular order of business was disposed of the election of officers for the ensuing year took place, when the following were elected:

President, Dr. August W. Oestman, Jersey City; vice-president, Dr. Benjamin Older, West Hoboken; treasurer, Dr. Archibald B. Olpp, Hoboken; secretary, Dr. Eugene J. Luippold, Weehawken; reporter, Dr. T. J. Jacquemin, West Hoboken.

Responding to a wish generally expressed, Dr. Charles L. De Merritt, of West Hoboken, read for the second time his very able paper on "The History of Syphilis," which I reported for a previous meeting.

Under the heading of new business the following resolution was unanimously adopted:

We, the members of the North Hudson Academy of Medicine, do hereby record our sincere appreciation of the efforts made by Assemblyman James C. Agnew, during the last session of the Legislature, in securing the passage in the House of Assembly of the bill prepared and introduced by the Medical Society of New Jersey entitled "A further supplement to an act entitled, 'An act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof,' approved May 22, 1894," which bill was subsequently vetoed by Governor Fort. This bill was prepared for the purpose of raising the standards of admission to practice medicine and surgery in this State, and was the result of careful study and preparation given to the subject by the special committee appointed for that purpose by the Medical Society of the State of New Jersey.

Mr. Agnew gave his support to this measure from its very inception, and was tireless in his efforts to secure the passage of this bill in the House of Assembly.

We pledge him our united support for reelection as a member of Assembly from Hudson County, and earnestly solicit the support of the members of the medical fraternity of Hudson County in his behalf.

The meeting adjourned at 11:30 o'clock P. M.

Washington, N. J., Medical Society.

This local society at its annual meeting held last month elected the following officers:

President, Dr. F. P. McKinstry; vice-president, Dr. C. M. Williams; recording secretary, Dr. F. J. La Riew; corresponding secretary, Dr. T. S. Dedrick; treasurer, Dr. E. H. Moore, of Asbury; trustees, Dr. Charles B. Smith and Dr. G. C. Young, of Washington, and Dr. Theodore B. Fulper, of Hampton. The next meeting will be held at the home of Dr. T. S. Dedrick.

New Jersey State Pediatric Society.

The second general meeting, under the auspices of this society, was held in the Hotel

Marlborough, Asbury Park, October 27th, 8:30 P. M. Dr. Henry L. Coit, the president, was in the chair. Dr. M. J. Synnott, secretary. Dr. Linnaeus E. La Fetra, of New York City, delivered an address on "Cardiac Affections in Childhood." We hope to receive a report of the meeting for our December Journal.

NOVEMBER SOCIETY MEETINGS.

County Societies.

Nov. 1—Hudson County, Free Public Library building, Jersey City, 8:30 P. M.
Nov. 2—Salem County, Shaefer House, Salem, 1:30 P. M.
Nov. 8—Bergen County, Elks' Hall, Hackensack, 8 P. M.
Nov. 8—Mercer County, Council Chamber, City Hall, Trenton, 8 P. M.
Nov. 8—Passaic County, Paterson.

Other Societies—Local, State and National.

Bayonne Medical Society—November 21, at the residence of Dr. E. Thum.
North Hudson Academy of Medicine—November 23.
New Jersey Sanitary Association—December 2 and 3, Laurel-in-the-Pines, Lakewood.
American Association for the Study and Prevention of Infant Mortality, November 9-11, Baltimore, Md.

We will insert notices of meetings to be held each month, provided they are received on or before the 23d of the preceding month.

Clinical Lectures.

Dr. L. Duncan Bulkley will give the twelfth series of clinical lectures on diseases of the skin at the out-patient hall of the New York Skin and Cancer Hospital, Wednesday afternoons at 4:15, from November 2 to December 21. The medical profession is invited.

Lectures on Sanitation.

Columbia University has provided a series of lectures on sanitary science, which are held in the Horace Mann Auditorium, Broadway and 120th street, New York, on Monday afternoon at 5 o'clock, which are free and open to the public.

The course was opened by Dr. Herman M. Biggs with a lecture on "The Development of Public Health Work;" others followed on October 17, 24 and 31. The remaining lectures will be as follows: November 7, Communicable Diseases—Their Transmission; November 14, Communicable Diseases—Their Prevention, both by Dr. W. H. Park; November 21, Some Examples of the Control of Infectious Diseases, Dr. Simon Flexner; November 28, the City Milk Supply and Its Control, Dr. Ernest Lederle; December 5, Flies and Other Insects as Carriers of Disease (lecturer to be announced later).

We will announce other subjects in our next issue.

Infant Mortality.

The first annual meeting of The American Association for the Study and Prevention of Infant Mortality, will be held in Baltimore, Md., November 9-11, 1910. Hon. Jules Jusserand, the French Ambassador, and Dr. William H. Welch will speak at the opening session. The second session will be devoted to philanthropic prevention of infant mortality; the third to municipal, State and Federal prevention; the fourth to medical prevention, and the fifth to educational prevention. There will be an exhibition illustrating various phases of the milk question in its relations to infant mortality.

New Jersey Sanitary Association.

President, Rudolph Hering, C. E., Montclair; secretary, James A. Exton, M. D., Arlington.

This association will hold its thirty-sixth annual meeting in the Laurel-in-the-Pines Hotel, Lakewood, N. J., December 2 and 3, 1910.

The annual address by President Hering will be on "The Latest Phases of Sewage Purification.". A symposium will be had on "The Social Evil;" (a) from the medical standpoint, Dr. T. N. Gray, East Orange; (b) from the moral standpoint, Rev. Dr. H. M. Gessner, Atlantic City; (c) from the legal standpoint, Judge Robert N. Wilson, Philadelphia, Pa.

Other papers will be presented as follows: "The Possible Deleterious Effects of Illuminating Gas on the Human Economy," C. E. Forstall, C. E., New York City; "The Progress Made in Controlling Dust in Streets and Highways," James Owen, C.E., Montclair; "Sleeping in the Open Air," Henry Mitchell, M. D., Asbury Park; "The Value of Health Boards to Communities," Mayor A. F. McBride, M. D., Paterson; "Medical Inspection of Schools," J. B. Betts, Esq., Trenton; "Disposal of Trade Wastes," George E. Johnson, C. E., New York City; "Municipal Tuberculosis Commissions. The Duty of the State to Protect the Health of Its Citizens," Alexander M. Wilson, director of Phipps Institute, Philadelphia, Pa.

Miscellaneous Items.

Mistaking Toadstools for Mushrooms.

Three persons died in Orange, N. J., recently as the result of eating poisonous toadstools which they thought were mushrooms.

Increase in Numbers of the Insane.

The Jersey Journal, Jersey City, says: "Year after year the managers of insane asylums, not only in this State, but in all of the States, are asking for larger buildings and appropriations. They all report pressure on their resources and increasing numbers of victims, generally of the kind that is sent by court process. There are no convenient statistics to show the increase in the number of insane persons in this country, but there is sufficient evidence in the increased numbers cared for in county and State institutions.

"In England and Wales there are tables giving the number of insane persons at various periods, and these show some startling results. In 1870, with a population of 22,223,289, there were 53,177 adjudged lunatics. This year with a population of 35,756,615, there are 128,787 lunatics. Lumped in this way these figures may not be impressive, but when it is shown that forty years ago one person out of each 418 was insane, and that now there is one out of every

278, it is calculated to make one think of the possibilities of the future. Will another forty years make it one in 139, and how long will it take to make it every other person, or, in fact, every person? Imagine a mad world.

"The English people are not particularly emotional. They are said to be slower than many other nationalities, and if, with a fairly well balanced and generally placid people, insanity has increased at such a remarkable rate, what would statistics equally accurate show in some other countries—or in this country, for example?"

The Influence of Age and Temperature Upon the Potency of Antidiphtheric Serum and Antitoxic Globulin Solution.

Dr. Anderson in an article on the above subject in the Journal of Infecious Diseases, May 20, 1910, gives the following conclusions:

The average yearly loss in potency of diphtheria antitoxin at room temperature is about 20 per cent.; at 15°C., about 10 per cent.; at 5° C., about 6 per cent.; although in some instances these percentages may be much increased.

As a result of this work there appears to be but little difference in the keeping qualities of untreated sera and sera concentrated by the Gibson process.

Diphtheria antitoxin to be placed upon the market and there kept under unknown conditions as regards temperature should not be labeled with a return date longer than two years, and should contain an excess of at least 33 per cent. to allow for decrease in potency; in addition, when the serum is sold in syringes with an absorbable piston, an excess should be added for this loss.

Dried diphtheria antitoxin kept in the dark, at 5° C., retains its potency practically unimpaired for at least 5½ years.

The lack of confidence in the therapeutic properties of old sera is without basis, as such sera, unit for unit, are as potent as new sera.

The protective value of diphtheria antitoxin is in exact accord with its unit value, and is independent of the volume of the serum or other properties in the serum.

Vaccine Therapy.

Dr. Frank Billings, of Chicago, in discussing Vaccine Therapy at the meeting of the Association of American Physicians, in Washington, May, 1910, said:

"We have used vaccination in various forms of infections at the Presbyterian Hospital in Chicago with satisfactory results in a certain class of cases and very unsatisfactory results in others. In acute infectious diseases with severe clinical course, as pneumonia, typhoid and especially in chronic infectious endocarditis, vaccination certainly seems to do no good, but it does no harm. In genito-urinary diseases, if there is a morbid condition of the kidney or ureter, or prostate, or if there is a pelvic condition in which there is a distortion of the bladder and poor drainage, one can continue vaccination forever and not drive the organisms out; but if the physical condition can be overcome, vaccination may cause the organisms to disappear. One may vaccinate forever and ever when there is a typhoid infection of the gall-bladder, without results. In infections of the antrum, unless it is properly drained, vaccination is of no value.

Dr. B. D. Evans and the Woman's Club.

Dr. Britton D. Evans, medical director of the State Hospital at Morris Plains, addressed the Jersey City Woman's Club, October 6th.

The doctor began with some facetious remarks concerning woman and her sphere. Referring to the creation of Eve, he said:

"I have often wondered why it was deemed wise that in order to make woman man had to be put to sleep, and still further I have queried as to why it should be necessary to put him into a deep sleep."

Continuing, Dr. Evans said in part:

"As I continue to speak to you I am led to a consciousness that I am addressing an organized body of broad-minded and intellectual women, whose desires are to promote that which is good and to advance the welfare of society at large. If a woman's club means anything worth consideration it signifies that in an orderly way there has been banded together a number of women for a distinct and definite purpose, or for a set of purposes more or less well defined.

"There is more to be gained for the world in aiding the successful evolution of our social institutions, by the diligent study of woman's Christian duties, her educational influence and moral worth than can ever come as a result of fighting over or exploiting our views as to what are woman's rights. Woman will eventually come by merit and right to the social and political place best suited to her sex and to her moral, intellectual and physical qualifications.

"Let us consider three propositions worthy of your support:

"First, an improvement in our system of education.

"Second, a more thorough study of public health in its relation to the present and rising generations.

"Third, the promotion of our public charities, their proper organization and support.

"The State is liberal in the devotion of its funds for school purposes. In fact, it is constructing schoolhouses in rural districts almost palatial, but schoolhouses or school buildings do not educate. We have our endowed colleges and universities in which the children of the rich may be educated, but I do not think that a State with the resources of New Jersey, and with an available school fund such as she has now, and has had for years, should have a university accessible to the sons and daughters of poor, an institution to which the son or daughter of a man of limited means may be sent if proven to be worthy and capable.

"My contention is that there is room for a more judicious and wiser application of her funds for educational purposes and an opportunity for improvement in her educational system, and that the organization and maintenance of a high grade State university could be accomplished without any detriment to your common or district schools."

Referring to diseases and vices which imperil the future of the race he emphasized his be-

lief that the elimination of these dangerous factors does not depend upon legislation. It must be accomplished by educational processes pure and simple.

In speaking of public charities Dr. Evans said:

"Very few of the inmates of our public charitable institutions are there by choice; misfortune, disease and accident, and the protection of society have made their segregation necessary. The order of care and attention given such people may be taken as a reasonable index of the morality, intellectuality and brotherly love of the community."

The speaker closed his address with a brief outline of the problems presented in providing for idiots and low-grade imbeciles. He urged his hearers to use their influence for the establishment of a State institution for the proper care of this class and another for the criminally insane.

A Worthy Charity.

Mrs. Caroline B. Alexander's new house at Castle Point will be the gathering point for a throng of prominent citizens on December 13, when she will open its doors for a charitable object in the form of a tea and sale for the benefit of the Memorial Day Nursery. It will not only be a brilliant social event, but one of unusual interest, for the reason that Mrs. Alexander's house, modeled after an old historic house which appealed to her taste, and furnished elaborately with rare designs of furnishers and decorated with art which she collected last summer in Europe.

The nursery is a shelter for little ones—a home for them, where they are kept from the peril of the streets and cared for with a mother's care, daily, while their parents toil to support their families. The nursery is a friend of the working classes, which would be greatly missed if it were not maintained, and to maintain it devolves a great responsibility on its managers and subscribers. It has no settled income or endowments and is supported entirely by contributions of citizens. As the needs of the nursery increase as the season advances, the managers are making an effort to raise money toward its support by means of the tea and sale.

Marine Hospital Service.

During the last fiscal year 16,766 vessels were inspected by the officers of the United States Public Health and Marine Hospital service. This also meant the inspection of 1,280,000 would-be immigrants, of whom about 30,000 were excluded as unfit, either physically or mentally. The annual cost of the work of the service is about $2,000,000.

Antitoxin per Rectum.

A writer in The Lancet urges the advantages of the rectal administration of diphtheria antitoxin. The mucous membrane of the rectum readily absorbs the serum. The patient lies on the left side on a couch, and a catheter is passed as far as possible into the rectum; to the catheter is attached the barrel of a glass urethral syringe into which the serum is poured; as a rule gravity is sufficient, but if the fluid does not flow readily the piston can be used in the ordinary way.

Tenement House Conditions in New York.

The report of the Tenement House Department, New York City, for the quarter ending June 30, stated that there were in Manhattan 118,211 living rooms in tenement houses without adequate light, and 36,825 without windows. It is not wise to juggle with figures, but from what is known of congestion in New York an average of three children for each dark room would be a conservative estimate. This would force the conclusion that there are to-day 465,108 children deprived of air and light in the largest and richest city in America. Adulterated food is another factor which has to be considered.—Hyman Strunsky, in the Christian Herald.

Osteopath Retracts Plea.

Solomon Goldstein, of West Hoboken, who claims to be an osteopath, was tried before Judge Casey, in Jersey City, on October 3, on the charge of illegally practicing medicine.

The cases grew out of complaints made by the Hudson County Medical Society. Several witnesses testified that Goldstein had prescribed medicine for their ailments. The case had not progressed far before John Fallon, who defended Goldstein, after consulting with his client, concluded to retract his plea of not guilty and enter a plea of non vult, which was done.

Goldstein will be sentenced next Thursday.

Dr. Keen Gives First Aid to the Injured.

Dr. W. W. Keen, of Philadelphia, has great repute as a surgeon. In New York, one winter afternoon last year, he saw a man slip on an icy pavement and fall heavily. He hastened at once to the poor fellow's assistance, and found that he had broken his leg.

Dr. Keen used his umbrella as a splint, and with his own and several borrowed handkerchiefs bandaged the broken limb tightly. As he finished his task the ambulance arrived.

"You've bandaged this rather well," the young white uniformed ambulance surgeon said to Dr. Keen.

"Thank you," replied Dr. Keen.

"I suppose," the youth continued, "that you have been reading up some 'First Aid to the Injured' treatise, eh? They say a little learning is a dangerous thing, but really, the little you have learned about surgery you have put to a good account. Give me your name and address and I'll forward your umbrella to you."

"I'll give you my card," said Dr. Keen. He did so, and the young surgeon flushed as he read upon the card the name of the greatest of modern surgeons.—Critic and Guide.

General Rules for Bathing.

One should not bathe within two hours after a meal, or when tired or heated; avoid chilling; do not bathe in the open air if the body feels chilly or the hands and feet become numbed; those subject to giddiness, fainting, or cardiac discomfort should not bathe out of doors. Cold baths have a tonic and stimulating effect, the pulse is increased in force and frequency, the respirations are deeper. Cold baths should not be taken by those suffering from organic heart disease or who become chilled thereby, or by women in the later months of pregnancy.

THE JOURNAL

OF THE

Medical Society of New Jersey

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All papers, news items, reports for publication and matters of medical or scientific interest should addressed to

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Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

MEDICAL PRACTICE LAW.

The Conference Committee, composed of the State Society's Committee on Legislation, the members of the State Board of Medical Examiners, the president and secretary of the State Society and the editor of the Journal, appointed at the last annual meeting to consider and act upon the Medical Practice bill, met in Trenton, October 7th, and organized by electing Dr. Thomas J. Mackenzie chairman and Dr. H. G. Norton secretary.

A full discussion was had as to the advisability of amending the present Medical Practice law, or of drafting a new bill, after which the whole matter was, on motion, referred to a committee of seven representing all schools of practice in the State, with Dr. L. M. Halsey as chairman. This committee is to report to the Conference Committee the result of its deliberations.

The unanimous expression of the large number of physicians present was decidedly in favor of maintaining high standards of medical education and medical licensure for the good reputation of our State and the protection of its citizens. As the oldest State Medical Society, it is eminently proper that we should use our utmost endeavor to have New Jersey take the lead in enacting wise medical laws that shall require adequate preliminary preparation, scientific and practical medical college education covering a period of four or five years and thorough examination for licensure to practice, of all who would practice medicine within its borders. Let us have none but thoroughly qualified physicians. If that shall result in lessening the number of matriculants in our medical colleges and decreasing the number of colleges, or of those who graduate and pass our examining boards, we believe our State would not suffer.

A PERMANENT HOME FOR OUR SOCIETY.

In a previous issue of the Journal we suggested that the Medical Society of New Jersey should have a home of its own—which would be the headquarters of the society with a library and reading-room and suitable rooms for trustees' and committees' meetings, etc.

We had hoped that New Jersey would lead in this movement, but we find that Rhode Island, a smaller State, with less than one-fourth of our population, with only five counties and less than one-third the number of both physicians in the State and of members of their State Society, have led in this movement, having purchased a lot of 8,000 square feet and have plans under way for the erection of a building, an account of which will be found on page 310.

Not only does Rhode Island lead, but the news comes to us as we go to press that two *county societies* have secured buildings of their own, as will be seen in the following items:

The Spokane County (Wash.) Medical Society has completed arrangements for the erection of a suitable building to be used as a home for the society.

New Home for Medical Society—The new building of the Wayne County (Mich.) Medical Society was occupied for the first time September 12. On this occasion Dr. Angus McLean was inaugurated and a luncheon was

given to the society by the retiring president, Dr. Arthur D. Holmes.

These items ought to stir us to action. Who will lead? Where shall the home be located? Is there a better memorial that can be erected to the memory of a former member or that one of our present members can leave to perpetuate his own name? Such a gift might determine the location. But if not a memorial building, let us start the movement by individual offerings, and if so, the editor stands ready to contribute his share, according to his ability.

What say our members—shall we have a permanent home?

ACUTE ANTERIOR POLIOMYELITIS

We call special attention to two facts: 1. That the State Board of Health requires the reporting of all cases of this disease to the local boards of health, as should be done, since it has been recognized as a contagious or infectious disease. The Swedish medical authorities so recognized it a few years ago and now institute a rigid quarantine. 2. That Dr. Flexner, of the Rockefeller Institute for Medical Research, requests specimens from all fatal cases, from portions of the spinal cord, a preference being for a lumbar or cervical enlargement, such specimens to be obtained as soon as possible after death and sent to the Rockefeller Institute, Sixty-sixth street and Avenue A, New York City.

We cannot now enter upon any extended consideration of this disease, only call attention to a few of the mistakes concerning it The name by which it has been designated generally in the newspapers and by some physicians is a misnomer, for while the great majority of cases have occurred in children between the ages of two and ten years, a large number of adults have been affected, most of them under 30, a few older and two at 60 years of age, so that it is not strictly an *infantile* disease. Another error is that we have been practically free from it in New Jersey. There is reason to believe that since January 1, 1909, there have been at least 100 cases in this State, and if more accurate diagnosis had been made and all cases reported, that the nu ber would considerably exceed one hundr We believe another frequent statement erroneous—that it is only another na for cerebrospinal meningitis. The gene consensus of opinion is that it is a separa and distinct disease, though many cas have shown meningeal and cerebral co plications and very closely simulate cerebr spinal meningitis. There is doubtless so relationship between these diseases, but t absence of sensory disturbance, the ra subsidence of febrile disturbance and t flaccid character of the paralysis have be pointed out as some of the differentiati characteristics of poliomyelitis. As to t specific cause of the disease, whether b terial or toxic, we are still in doubt. believe, through the investigations of D Flexner and Lewis and other scientific e perimenters, we shall soon know the e ology and successful treatment, and, hope, also the proper measures for the p vention of this disease.

DELAWARE STATE SOCIETY.

The editor had planned to attend annual meeting of the Delaware State M ical Society held at Wilmington, Octo 11th, fixing upon that time to visit his s who is there located, but having been formed that the society met that day fo two days' session, he very deeply regrett on reaching Wilmington—the train be half an hour late—to ascertain that session lasted only one day and that adjournment took place ten minutes bef he reached the hall where the meeting v held. We were pleased, however, to courteously and cordially received by so of the officers and members of the soci

We noted the following facts which flect great credit upon the medical prof sion of that State: The large number attendance at their annual meeting an as usual at gatherings of medical me the fine looking body of men there ga ered; that the total membership of society is only about 110, and the last tion of the A. M. A. Directory regis

y 220 physicians of the State, which has population less than one-fourth that of w Jersey, and another fact which is rthy of special mention and commenda-n—that this small society publishes a nthly journal.

The Delaware Society stands next to our n in age, this year's annual meeting hav- been its 127th. It has made an hon-ble record and is doing excellent work in advancement of its members' scientific ainments and the public's welfare. The te has a medical practice law which pro-es two boards of medical examiners, one the regular and the other for homeo-hic applicants for license, appointed by Governor, from lists given him from ich to select by the two respective State ieties. Osteopaths are licensed to prac-osteopathy, not medicine, by the Medi- Council, which is composed of the Chief tice of the State, the president of the aware State Medical Society, the presi-t of the State Homeopathic Society and reputable osteopath. We understand t there are only a few of the latter in State.

As we were denied the great pleasure of senting the greetings of our State So-y on the occasion of their annual meet-, we take this opportunity, in our edito- columns, to congratulate that old and orable society on their past record and h the society, its members and its jour- increasing growth and prosperity for coming years.

R VISIT TO HUDSON COUNTY.

The editor greatly enjoyed his visit to the dson County Medical Society at its reg-r meeting October 4th, and was pleased observe the good attendance and the in-ased interest of its members in the scien- work of the society. The reporting interesting medical and surgical cases become one of the important features the meetings during the past year or . Several such cases were reported at meeting and were ably discussed. The ers presented by Drs. F. D. Grey and J. J. Mooney were interesting and valuable contributions which we hope to secure for an early issue of our Journal.

PUBLIC GOOD ABOVE PARTY.

We again call attention to the nomination of Dr. William E. Ramsay, of Perth Amboy, for the Assembly and call upon the physicians in that county to use their influence to secure his election regardless of his or their political affiliations, because we should by all means have at least one representative of the medical profession in the Assembly, and we have been informed that he is the only physician in the State who has been nominated by either political party for that position.

We urge his election not for the profession's sake, not for party's sake, but because the health interests of the State—the public good—demand the presence of at least one able and faithful physician to watch and guide legislation affecting those interests. Dr. Ramsay gave abundant evidence last year that he was the right man in the right place. He showed marked ability and faithfulness. We have received communications from different parts of the State, most of them from physicians who are not of Dr. Ramsay's political faith, urging his re-election on the ground that he is needed in the Assembly for the public's good.

MR. ROCKEFELLER'S GIFT.

We had intended giving more than a passing notice in this issue of our Journal to the recent munificent gift of Mr. John D. Rockefeller, of $3,820,000 additional to the Rockefeller Institute for Medical Research, which, with former gifts, makes his total gifts to that institution $8,240,000. We have space only to give the official announcement concerning the gifts to and purposes of this organization, which will be found on page 311, and to say that Mr. Rockefeller has thus demonstrated his right and title to be regarded as one of the greatest benefactors of suffering humanity, for we cannot conceive of any object that

promises greater—more far-reaching—blessing to humanity than this one, under the care and management of such eminent scientists as constitute its board of trustees.

Death of Dr. J. V. Shoemaker.

Dr. John V. Shoemaker, of Philadelphia, died in Philadelphia, October 12, 1910.

Dr. Shoemaker was formerly president of the Medico-Chirurgical College and was one of the ablest dermatologists in America. He was director of public health and charities in the cabinet of the late Mayor Ashbridge, and was for many years surgeon-general of the National Guard of Pennsylvania. His medical publications are known and valued throughout the medical world.

A New Home for the Rhode Island Medical Society.

From the Providence Medical Journal, September, 1910.

For the first time in many years the plan of having a library building and home of our own, which has been the dream of the older members, seems likely to be realized.

The building committee, by authority of the House of Delegates, has purchased a tract of land containing eight thousand square feet at the corner of Francis and Hayes streets and already plans are under way for the erection of a suitable building. The selection of a site has not been an easy task, for land in the centre of the city, easy of access, was found prohibitive in price and it was good fortune to find a location so admirably situated as this; facing the extensive grounds of the State Capitol and bounded on the South by the State Normal School and with the possibilities of further adornment between it and the Union Station. When the freight yard is removed, as it ultimately will be, the view will be unexcelled.

Difference of opinion will undoubtedly arise as to the nature and scope of the building, but ample opportunity will be afforded all members of the society to see and criticise the plans before they are finally adopted, and now all that is needed to make a success of the undertaking and to have for our centennial celebration a beautiful home of our own is the concerted effort on the part of every member, liberality in subscriptions to the fund for the building and enrollment as members of the society the hundred or more qualified practitioners of this State who have not yet joined.

The committee would be glad to receive from any member of the society suggestions regarding the building, its equipment or control and cordially invite the members, if they have any ideas on this subject, to communicate them to the secretary at an early date as no time will be lost in pushing this project to completion.

In another issue of the Journal the plan adopted for raising funds will be outlined, and members of the society will be kept informed of the progress of the work.

Judgment must be used in employing the iodides to diagnose syphilis as many other conditions are improved by this treatment, notably actinomycosis, chronic rheumatoid deposits and chronic lymphadenitis.—Amer. Jour. of Surgery.

Some Facts the Public Should Know Abo the Ear and Its Treatment.

By Louis J. Lautenbach, M. D., Ph. D Philadelphia, Pa.

The physician, to encourage in the public hopeful attitude toward Ear Disease and Dea ness, should emphasize:

1. That one-third of all adults are more less deaf.

2. That this deafness is frequently avoidabl being usually due to neglect.

3. That this neglect often dates from chil hood.

4. That in childhood throat and nose disease which are the cause of most ear troubles, a very common.

5. That these throat and nose troubles a in childhood easily cured and ear disease th avoided.

6. That the adenoid growths and the tonsill enlargements are common in childhood ar easily removed.

7. That the stuffy and occluded nostri should be properly opened and the child t taught to become a nose breather.

8. That the throat and nose should t thoroughly treated until entirely well.

9. That all ear symptoms should at all tim be treated as soon as recognized.

10. That if this be done the results will t favorable and serious ear disease and persiste deafness will be avoided.

11. That the treatment should be persisted until the case is cured or benefited to t highest possible degree or until it is absolute certain the ear cannot be helped with the mea at our command.

12. That ear treatment should be vigoro and perseveringly persistent.

13. That the results of ear treatment a much more favorable than the public has be taught to believe.

14. That no case of deafness is entirely hop less unless there is destruction of the ear nerv

15. That each year the increase of knowled and of new mechanical appliances gives ne opportunities to former hopeless cases.

16. That an unfavorable prognosis of a ca of deafness (not destruction of the ear nerve is absolutely certain only as applying to t prognosticator; he cannot of a certainty be su whether there is not someone of superi knowledge or of greater mechanical skill wl can help the case. Nowhere in medicine is t peculiar mechanical skill a greater factor th in the treatment of ear disease.

In short, the public should be taught to avo ear disease by having their throat and no troubles cured, not neglected, having e troubles treated at their onset, and if ear disea has become firmly established to treat it un the best possible results are obtained, usi every method that promises relief, never t lieving that there may not be help, unless the is destruction of the ear nerve. While eve case of deafness cannot be cured nearly eve case can be helped in a greater or less degr and no form of ear treatment applied by a specialist can at any time be counted as harmf There are a few cases of ear disease which w in spite of all treatment progress, but fortunat these cases are very few indeed.

ockefeller Institute for Medical Research.

icial Announcement of the Management and Purposes of the Institution.

The board of trustees is initially constituted follows: John D. Rockefeller, Jr., Frederick Gates, William H. Welch, Starr J. Murphy d Simon Flexner.

The function of the board of trustees is to ld and care for the property of the institute, luding the inevstment of the endowment nds, and to hold the entire income at the dis- sal and under the full control of the board of entific directors, which is constituted as fol- ws:

Dr. William H. Welch, of Baltimore, presi- nt; Dr. T. Mitchell Prudden, of New York; . L. Emmett Holt, of New York, secretary d treasurer; Dr. Christian A. Herter, of New rk; Dr. Simon Flexner, of New York, direc- of laboratories; Dr. Herman M. Biggs, of w York, and Dr. Theobald Smith, of Boston.

The final establishment of the Rockefeller stitute for Medical Research, with its present nerous endowment, is the culmination of a ries of carefully considered gifts, each one sed on a thorough demonstration of existing eds and on evidence of competent steward- ip of funds previously intrusted.

The initial gift was made in 1901, when 00,000 was given, to be used in a limited num- r of years in the form of grants to support search in different localities. In 1902 a gift of ,000,000 was received to cover the erection of laboratory building and the cost of running penses for a few years. When the plans for e future organization of the institute were ing prepared the necessity for having a hos- tal under the control of the institute was arly felt.

"Mr. Rockefeller became so clearly convinced this need that the erection of a hospital was termined upon. For this purpose $220,000 re- aining from the previous gift of $1,000,000 and additional gift of $620,000 were used. Mean- ile, in 1907, while the first plans for the hos- tal were being prepared, Mr. Rockefeller gave ,600,000, the first fund to be used solely for e endowment of the institution. With their st legal meeting, which took place this after- on at the institute, the board of trustees as- med possession of Mr. Rockefeller's latest ft of $3,820,000.

"The hospital, which will profit largely by the w income, is not to be regarded as a separate stitution; it is merely a part of the working uipment for medical research controlled by e one board of directors. Being now intrusted th by far the largest sum of money available r medical research, and with a wonderfully nerous and perfect equipment at their com- and, the directors have a high sense of their sponsibility to the public for the careful dis- arge of their great trust."

The hospital will accommodate only about venty patients. They will be selected to en- le the physicians of the institution to study rticular diseases on the combating of which l their strength and ability will be concen- ated. Only a small group of diseases will be cluded at a time, so as to permit thorough ncentration. As a result of this arrangement e patient will get the best treatment and the benefit of the most up-to-date medical information.

The medical staff of the hospital will consist of the director, Dr. Rufus J. Cole, formerly of Johns Hopkins University; Dr. Christian A. Herter, Dr. C. C. Robinson and four internes, Drs. Draper, Swift, Marks and Peabody. The diseases to be admitted to the hospital at its opening to patients on Thursday will be poliomyelitis, pneumonia and heart disease.

When attempting to loosen with a hook a foreign body almost or quite obstructing the auditory canal the passage of the instrument along the antero-inferior aspect of the canal involves the least risk to the drum membrane.

Editorials from Medical Journals

Being Supplanted.

From the A. M. A. Journal, May 14, 1910.

Life has tests of all kinds, and no one can tell in what way one may be tried out next. A physician often finds himself in a position demanding great skill and resourcefulness in professional ability; and again, in other circumstances, it is not his knowledge and skill, but his character that is put to the test, as, for instance, when he is superseded by another physician. Perhaps he has made a most thorough examination of the patient and study of the history, has decided on a diagnosis and has instituted treatment which is just beginning to have its effect. The obscure ailment of long standing is about to yield to the skilful treatment, when the patient, grown weary of the necessary delay, abandons his first attendant and consults another physician who thus happens to have the case in hand when the symptoms clear up, and the first physician receives no credit, but, on the contrary, blame.

In another case, perhaps, the disease is one which does not yield to treatment. The patient is not content to be told that palliation is the only hope, and the physician who has done his best, or even the best that science can do, is thrust aside for some one else. The implied disparagement may be the harder to endure because of the patient's turning to one of the quacks who fatten on incurables, or to some "patent medicine" or to one of the sects of mind-healing. It is no light task for a physician to accept the matter in a cheerful frame of mind and to refrain from bitter words that he may afterward regret.

When Abraham Lincoln was named for the Presidency he supplanted another statesman, who, by training and experience, was qualified for the position. Similarly, Garfield entered the Presidential ranks as a dark horse, stepping ahead of Sherman, whose attainments and valuable service seemed to point him out for the nomination.

It is worth while to compare the different attitudes assumed by these two men. Sherman became a disappointed man who seemed unable to forget having been pushed aside, while William H. Seward cheerfully entered the service of the great Lincoln, who had supplanted him, and by faithful service as Secretary of State, made for himself a name honored by his nation and untarnished by any personal grudge.

The physician who can accept an undeserved

slight without angry words and without hasty slurs on a brother physician, has in him the spirit which will win the love of a community, and which will reward him in the long run. Not only this, but he has discarded unprofitable and bitter brooding over trouble that cannot be prevented, and has left his mind free for the joys of life and the pursuit of his profession with cheerfulness and satisfaction. As has been well said, we cannot prevent the evil birds of discontent and resentment from flying past our doors, but we can prevent them from building their nests in our homes.

Sterilization of Women by Roentgen Rays.

Dr. Gorl has had this subject under advice for four years. In 1906 he treated a hemophilic woman for myomatous uterus. The woman was 40 years old. Therefore there were two fundamental elements present, viz., inoperable tumor and a woman practically at the child-bearing limit. The patient was sterilized by X-rays and ceased to menstruate. The myoma slowly resolved. Since that epoch the author has treated eight other women with the aim of sterilization. Two may be eliminated because of faulty attendance, the results being incomplete or doubtful. Two were sterilized in from 15 to 18 exposures, but the age was critical (54 and 55). One woman, aged 42, is still under treatment. The preceding represent the questionable results. Three cases remain which approximate the original in type. The women were relatively young and suffered from conditions which rendered the myomata inoperable. The rœntgenization appears to have produced sterilization, but the number of exposures required (85 in one case) was very large. The author is not backward in admitting that some of the general improvement in these cases may have been due to suggestion. The treatment is essentially hemostatic, directed to checking the uterine hemorrhage through action on the ovary and uterus. The myoma need not necessarily undergo involution. The heart (myoma-heart) appears to profit by the treatment. The treatment is harmless to other tissues. The author concludes that the chief indications for rœntgen sterilization are menorrhagias which result from disease of the uterus itself (myoma), the heart or kidney, whenever, for any reason, it is inexpedient to do hysterectomy.—Munchener Med. Woch.

The Duty of Reporting Cases.

From the Medical Register.

Medical and surgical practice of to-day is characterized by a precision of diagnosis and treatment, which, while leaving much yet to be desired, far exceeds the most sanguine hopes of our predecessors. In admiring the noble structure reared by hands of the present generation, let us not forget that the foundation stones of the edifice were laid for us, one by one, by the unremitting labors of those who have gone before. With facilities of the most limited scope, according to our present standards, the results attained by them were truly wonderful, and from the vantage ground of these results their followers have been able to push on with an energy characteristic of the day. But it is not sufficient that we rest content with simply systematizing the work of others, thus handing down to posterity mere interest, as it were, upon the herita left us. We must add to the principal placing upon record the results of our own perience and observation.

Failure to keep systematic record of cases a matter which can and should be correct being a duty which every physician owes to himself but to his brothers in the professi Those who fail in this respect because of nate unwillingness to put forth the requis exertion, can hardly be reclaimed from error of their ways, but those who argue pr of practice as an excuse for their remissn should take a broader view of the question. these men follow their calling merely for pecuniary results it brings, they will not, course, do aught which would interfere w the attainment of their one end in life. however, and we take it that this applies most members of the profession, the busy p sician allows himself no time for work of t character because he believes that the time occupied might better be devoted to the alle ation of human suffering, we would, while a miring his motive power, suggest that would be doing a nobler and more far-reachi service to the human race by giving forth t results of his vast experience as a guide f others in the field. Thus his sphere of usef ness would be extended and his work, tak up and further elaborated by others, wou bear its richest fruitage long after he hims had passed into the endless sleep.

[This appeared in the Register some time ag but is as good to-day as then.—Editor.]

The Financial Rewards of the Physician.

From the A. M. A. Journal.

That the doctor is not a good business m has passed into a proverb. The explanation th "no man with business instincts and the desi to make money would dream of entering t medical profession," is both unusual and su gestive. This statement appears in the Decer ber number of the New York State Journal Medicine in an editorial entitled "The Econor ics of Medicine." The conclusion that there "no money in medicine and that no great fo tunes can be won in a medical career," whi not new, is important.

After discussing the average income of men bers of the profession and the fact that the co of living has increased at least 50 per cent. the last twenty-five years, while the fees f medical service have remained the same, so th the "purchasing value of a dollar which t doctor now gets for a visit is just half what was twenty-five years ago," the editor calls a tention to the additional fact that preventi medicine has in late years greatly decreased t amount of remunerative work for a physicia Pasteurized milk and hygienically prepared foo have greatly decreased the summer diseases children. Antitoxin and quarantine have grea ly reduced diphtheria. Typhoid fever epidemi are prevented or are short-lived. Medical i spection of school children has reduced zym tic diseases. Much of the work being done b physicians in the prevention and exterminatio of diseases is done without hope or expectatio of reward. Since this work is for the benefit society, the New York editor is perfectly re

able in saying: "We have a right to ask the public whether it has not also some obligation to the medical profession. Can society expect man to spend ten years in preparation for the most difficult and exacting of professions at a cost of at least $7,500, and then reap a reward which is but little more than the cost of the education would earn if put out at legal interest? Medical men have families to support, children to educate. They must pay for their homes and at least strive to provide for their old age. How is it to be done in present circumstances? * * * How can men live decently and honestly whose incomes are decreasing and whose expenses are increasing? * * * Stern necessity in our large cities is driving our men to illegal and dishonorable means of raising money, dishonorable because secret and clandestine. * * * The entire economics of medicine must be placed on a different basis if we are to make any real progress in combating the evils of commercialism."

After discussing the proposition to raise the fees of the general practitioner as a remedy, which proposition he fears would not be successful, "as physicians would not be loyal to each other," and deciding that the end can only be obtained through organization, the New York Journal concludes: "We cannot protect ourselves as individuals. We cannot as individuals ameliorate our present condition. Why should we hesitate to make use of the only agency which is a power in the world to-day if we use it justly and with righteousness. In the words of a great statesman, we are confronted with a condition and not a theory. We need a remedy lest worse things happen to us. Is there a remedy? Is it capable of application? Who will suggest a better remedy? How can any remedy be applied without organization? These are serious questions and require reflection. The opinion of the profession is desired. * * *"

These are serious questions. The views of the profession, not only in New York, but throughout the country, will be of great value. Carefully, fairly and dispassionately these questions must be discussed and settled by the medical profession of the present generation or the profession and the people of future generations will suffer. The physicians of the United States must unite to enlighten the public on the danger of ignorant, ill-trained and poverty-stricken physicians and on the duty of the public to support and encourage, both legally and economically, a medical profession which can afford to be disinterested, unselfish and philanthropic. If this is not done, the next decade will see the standard of the medical profession lowered simply through force of economic pressure. The danger and the loss from such a change will fall far more heavily on the public than on the profession. It is the duty of far-sighted physicians, however, to sound a warning and to lead the way in enlightening the public.

Taking in all Qualified Practitioners.

From the Critic and Guide, July, 1910.

Dr. Thomas E. Satterthwaite told the Medical Association of the Greater City of New York a month or so ago that "a matter for the societies to consider is that the time cannot now be far off when they will open their doors wide to all legally qualified practitioners of good character, independent of sectarianism!" The doctor thought that such a movement would be productive of much good with little or no loss of dignity and self-respect.

We are inclined to think that something of the kind will be due very shortly. But it is the plight that the profession is in that is compelling the sects to draw together for common aid and comfort. It will be a ludicrous situation when it comes about. One can as readily imagine a lot of South Sea Islanders and Oxford men attempting to make a scientific pact and assimilating each other's intellectual wares and personal characteristics. For the first time in the history of chemistry oil and water shall be seen to mix. It will reduce impressionable beholders to tears as surely as though a Voltaire and a St. Francis were to meet and kiss. Judas and Peter, Christian and Moslem, pirate and parson, Austrian and Italian, chlorate of potash and sugar will be discovered living in harmony and wholly compatible.

Truly a comical but none the less inevitable situation. Satterthwaite is an inspired poet; a true prophet.

The humorous phase of the matter will be the tightening of the bonds for other than affectionate reasons. How firmly the bonds will hold will depend wholly upon how strongly assailed the medical citadel will be, and on how altogether desperately situated we are. They will not be welded by intrinsic attraction. The thing will not be an outgrowth of liberal thought.

Shall our society programs yet announce such papers as: "The Homeopathic Treatment of Glaucoma," "The Results of Osteopathic Management in Cerebro-Spinal Meningitis," "Eclectic Therapy of Cholelithiasis," "Mechanotherapy in Ectopic Rupture," "Chiropractic Technique in Membranous Croup?"

The "evolution" of medicine is about to witness a fearful and wonderful phase. We are not commonly regarded as ultra-conservative, but it makes us shiver a little to think of this impending phase. Can the forced merger be really productive of much good, as the superbly optimistic Dr. Satterthwaite appears to believe?

It will make some of us think and think and think.

It will make the old guard who have passed on turn in their graves.

The funny side of the prospect makes the strongest appeal to us at the present writing. We hope the profession numbers in its ranks a Gilbert, for the possibilities in the situation for a roaring burlesque have never been surpassed.

O for a Moliere!

Straw Itch.

Editorial from the Medical Record.

Occasional outbreaks of a disease characterized by an urticarioid eruption and at times mild constitutional symptoms have been noted in several of the Eastern and Middle Western States. The disease has been supposed, at times, to be due to "chiggers," or the "red bug." It has, also, been mistaken for urticaria and scabies, and in some instances the possibility of its being chickenpox or smallpox has been suggested. In 1901, Schamberg reported an outbreak in Philadelphia, and since then cases

have been recognized there annually during the summer months. During the early part of the summer of 1909, Goldberger and Schamberg, in studying an outbreak among sailors, identified the cause of the disease as a small, almost microscopical mite in the straw of mattresses upon which the patients had slept or had placed their clothes. Working independently, and at about the same time, Rawles traced the cause of a similar outbreak in Indiana to the same mite. Goldberger has recently reviewed our knowledge on the subject in an article published in the report of the United States Public Health and Marine-Hospital Service, for June 10, 1910. The mite has been identified as the Pediculoides ventricosus, which appears to be found commonly in growing and stored grain, where its presence is dependent upon the existence of certain insect parasites upon which it lives. The mite feeds on the larvæ and adults of these parasites, the most common of which so far as grain is concerned seem to be the joint-worm and the Angoumois grain moth. The mite, it appears, may, in the presence of an abundant food supply, increase enormously in numbers, so that those handling the grain in the field or in the process of thrashing, readily become infested. It would also appear that the mite may be transported long distances in the straw and that, when this is used as a filling for mattresses, may escape through the ticking and attack those sleeping on them.

According to Goldberger, the mite does not bore into the skin, but simply attaches itself rather feebly to the surface where it bites, and probably while doing so injects a poisonous substance which produces the skin lesions and frequently mild constitutional symptoms. The dermatitis accompanied by itching, which is at times intense, has been described as consisting of wheals surmounted by small vesicles which, in the course of a few hours, become filled with pus. The eruption is reported to involve mainly the trunk, leaving the limbs, face and neck little or not at all affected. In severe cases chilliness, nausea, vomiting, and albuminuria have been noted. The treatment of the affection seems to be exceedingly simple, due to the fact that the mite attaches itself so loosely to the skin that it is readily brushed off by the clothing or other gentle friction, the essential point being a recognition of the condition so that repeated exposure to the attacks of the mites may be avoided. The disease has been reported from various places in New Jersey, Maryland, Pennsylvania, Ohio, Indiana and Tennessee. However, it, in all probability, has existed in a much larger territory than that indicated, and judging from the known prevalence of the grain parasites, upon which the mite depends for food, the disease may be expected to be of fairly frequent occurrence for possibly some years, especially in rural communities and the smaller towns.

In connection with the above we call attention to the following item.—Editor.

Professor John B. Smith, Sc. D., of New Brunswick, at the recent meeting of the State Sanitary Association, called attention to a recent outbreak of an urticarioid dermatitis in Philadelphia and other cities, due to a mite and charged to straw coming from the State of New Jersey. The mite is a predatory species—pediculoides ventricosus—which lives on joint worn and the larva of the augoumois grain mot When straw infested by these insects is use in mattresses, under carpets or in similar way the mites tend to leave it and will work into th skin of any individual sleeping or otherwise res ing on it. A pustule develops where the mi enters and an intense itching results. Th trouble runs its course in a few days if th source is removed; but if the use of the infeste straw is continued, may last for weeks.

Dr. Smith showed a series of slides illustra ing the mite in its various stages, the host i sects and also some cases of the eruption, an asked that members having cases of this cha acter or knowing of them, would communica the facts to him.

Death from Spinal Anesthesia.

Editorial from The Therapeutic Gazette, September 15, 1910.

During the last ten years we have on mo than one occasion called attention to the ma ter of spinal anesthesia, which during the la few months has again been given a larg amount of professional attention. We hav constantly warned our readers against the us of this method, which often fails to relieve pai and also frequently aggravates rather than le sens the development of surgical shock. W have stated heretofore, and repeat at this tim with still further assurance of the correctne of our views, that the vast majority of America surgeons consider that this method has an ex ceedingly limited field of usefulness, and shoul only be employed in extraordinarily rare i stances.

In the British Medical Journal of March 2 1910, Milward, an assistant surgeon at the Ger eral Hospital in Birmingham, England, report a case of death from spinal anesthesia by th Jonnesco method. The patient suffered fro acute intestinal obstruction, for which operativ interference was instituted. It is only fair t state that the patient was considered an u favorable one for the employment of any kin of anesthesia. The belly was already distende and fecal vomiting was present. It is chiefl because of this fecal vomiting that a gener anesthetic was substituted by the injection 10 centigrammes of stovaine and 1 mg. strychnine in 1 Cc. of water, the injection bein given into the dorsilumbar region. Within si minutes the patient appeared more ill than be fore. A minute later his pupils dilated and hi pulse rapidly failed. He was given a hypo dermic injection of ether and strychnine, bu rapidly became unconscious, with gasping re pirations. Eleven minutes after the injectio the respirations were exceedingly shallow. continual stream of fecal vomit passed from hi mouth, and he failed to rally after another in jection of ether and strychnine. The conjunc tival reflex was lost at the end of fifteen min utes, and although artificial respiration wa continued for one hour after all signs of life ha ceased, the patient was lost.

The post-mortem examination failed to sho any serious trouble with the heart, the righ ventricle of which was slightly dilated. Th cardiac valves were, however, normal. The in testinal obstruction was found to be due to growth which closed the ileocecal valve. Ther was no hemorrhage in the spinal canal, and th

appearance of the spinal cord and brain was entirely normal. Dr. Milward believes that the death of the patient was entirely due to the toxic effects of the intraspinal injection, and does not entertain any idea that the shock of the injection had anything to do with the fatal result.

Milward states that it is only fair to remind us that Jonnesco advises a somewhat smaller dose of stovaine if the patient is severely ill. The difference between a small dose large enough to be effective and 10 centigrammes of stovaine is, however, so slight as not to be of value in indicating that an error in the quantity used was responsible for the untoward effect in this case.

Care Necessary in Weighing Testimony in Cases of Rape.

From Critic and Guide, May, 1910.

The greatest skepticism should prevail when taking and weighing the testimony of girls and women, who claim to have been the victims of rape or of attempted rape. No man should ever be convicted on the uncorroborated testimony of the woman, and if there is the slightest doubt as to the witness's absolute veracity, the accused should be given the benefit of that doubt.

It is not only aggravated hysteria, it is not only pathological addiction to lying, but it is a peculiar kind of sexual perversion, which induces some females to accuse innocent men of attempts on their "honor." The police magistrates are familiar with numerous cases, where a woman had relations with a man for a considerable period and then because the man wanted to leave her, accused him of attempted or completed violence. Such cases are very common and the magistrates have learned to discount the testimony of such pretended victims. But we have no doubt that very many men have spent and are spending years in prison on the false and malicious testimony of some hysterical, perverted, chaste or debauched female. Such tragic cases have occurred in every country. A case reported by Dr. Carl Pelmann in his recent book (Psychische Grenzzustande, 1909), is typical of many similar ones. The young daughter—a girl of sixteen—of General Morel was discovered in her bedroom with her feet and hands tied and with several artificial wounds on her thighs. When questioned, she was apparently unwilling to make any statement, but finally accused one Lieutenant de la Roncieres of having attempted to commit rape on her. The lieutenant was unable to establish an alibi and merely on the testimony of the girl he was sentenced to ten years' imprisonment. Only after the unfortunate man had served his term was his complete innocence and the hysterical (and perhaps malicious) character of the accusation proved. But the man had spent some of the best years of his life behind prison bars.

It is well to bear in mind that a hysterical person may, after telling a lie, particularly after repeating it several times, come sincerely to believe in it as a reality, as an actual occurrence that has taken place.

In the minds of hysterics, perverts and pathologic liars, reality and imagination, facts and fancies, become confused, and they themselves really no longer know what is true and what is false.

And therefore I would repeat: Be very, very careful about convicting a man on the unsupported uncorroborated testimony of a girl who claims that an attempt has been made on her honor.

Therapeutic Notes.

Acne—Treatment of.

The treatment of acne must be varied to suit the individual case. Elimination should be promoted and the diet so regulated that both the gastric and intestinal digestive processes proceed properly and thus prevent autointoxication. The bowels should be kept open by appropriate laxatives and in certain cases colonic flushing will be useful. Other general treatment depends on the condition of the individual patient.

The local treatment of acne depends on the principle of exciting an artificial hyperemia which is subsequently quieted by sedative measures. Accumulations of pus should be evacuated and comedones removed by the aseptic needle and comedo-extractor. Sulphur in lotion or ointment is one of the best applications for stimulating the skin. It may be applied as sulphur ointment U. S. P. or as liquor calcis sulphuratæ N. F. (Vleminckx's solution.) Before the application of sulphur it is well to bathe the skin in hot water for a moderate time and thoroughly wash with linimentum saponis mollis (tincture of green soap). This is rinsed off and the skin dried, after which the ointment may be applied. For soothing purposes an aqua calcis and zinc oxid lotion is of value:

℞	Zinci oxidi	10
	Pulveris talci	8
	Glycerini	8
	Sodii biboratis	8
	Aquæ calcis	120
	Aquæ rosæ q. s. ad	240

M. Sig.: For external use.

In severe forms, Bier's hyperemic method may be found useful. Therapeutic vaccine injections have been used with considerable success. For these injections a stock or autogenous vaccine may be used. If the stock preparations are employed, the acne bacillus and staphylococcus albus give the best results. In obstinate cases radiotherapy is useful, but should always be used with the greatest caution.—A. M. A. Journal.

Constipation in Children.

By G. H. M. Dunlop, M. D., F. R. C. P., in Edinburgh Medical Journal.

Many cases of adult constipation are due to acquirement of the habit in childhood, hence the importance of forming right habits at an early age.

Chief among the causes of constipation is neglect of attending nature's calls early in life. The child leads an active, busy life, and not realizing the importance of attending promptly to every call, gradually grows tolerant of the inconvenience, and soon the warnings are not observed. Parents and nurses should realize this danger, and impress on the child at an early age the importance of regularity. Even in babies, the habit of regularity can be encour-

aged. I have seen, not infrequently, babies so trained in a few weeks that their napkins are seldom if ever soiled. Older children should be "seated" at a regular hour daily (preferable after a meal, as introduction of food into the stomach favors bowel activity), and be required to remain until the desired result has taken place. Plenty of time should be allowed, and if at the end of fifteen minutes there has been no result, I would advise the use of a glycerin suppository. By carrying out this plan faithfully, a habit of regularity will be established. The child should be so seated that his feet are on the floor. The ordinary seat constructed for adults is unsuitable.

Another cause of constipation is the use of too little drink. Often the discharges are so dry and hard as to cause great difficulty and discomfort. A child should regularly drink a small tumblerful of cold water night and morning, and take frequent drinks of water during the day.

Lack of exercise is another cause of constipation. Children suffer from this trouble much more frequently in winter when they are housed up, than in summer, when they are free to run around. For this reason it is well to have the children take exercises regularly, especially those requiring the bending of the trunk on the legs and vice versa.

In babies, constipation may be due to constipation in the mother, the result of an inactive life on her part, or the use of too much tea. The remedy is obvious. A deficiency of fat and an excess of sugar in the milk may be a cause. The remedy is the addition of cream, and the dilution of the milk preferably with oatmeal-water. Sterilization of the milk sometimes causes constipation, and the use of raw milk is the remedy.

Flatulency--Treatment of.

Dr. T. Boas, in Berliner klin, Woch., January 17, 1910, reiterates his plea for regulation of bowel functioning by the diet alone, a procedure which he regards as almost invariably all-sufficient unless there is organic obstruction. He urges the importance of distinguishing between flatulence from different causes, as different treatment is required. Analysis of the causes is the only guide to correct treatment. The swallowing of air during eating, especially rapid eating, in nervous individuals is the most frequent cause of exogenous flatulence. Colic is seldom observed when there is no obstruction to the passage of feces in this form of flatulence. The flatus is comparatively odorless; this variety is obstinate and only to be cured by better habits of eating and by systematic toning up of the nervous system. Drugs to combat the flatulency are useless. The indications are different with flatulence of alimentary origin, especially when there is chronic constipation or intestinal catarrh. The diet should be regulated to exclude gas-forming substances, and among these he places milk; there are many persons who react to milk and buttermilk with violent and painful flatulence. Eggs and dishes containing eggs frequently induce great production of gas, especially in winter when it is difficult to obtain fresh eggs; persons inclined to intestinal catarrh or habitual constitpation and flatulency should be very cautious in the use of eggs. Of still greater importance in this respect is the blood content of meat; nothing is so subject to offensive putrid composition, he says, as blood. He consequently recommends entire avoidance of roast, or broiled beef and mutton, and thorough cooking of all meats and avoidance of all raw or rare foods. In individual cases potatoes may maintain fermentation dyspepsia. The tolerance of the patients for various foods must be tested; sugar, dextrinated flours, wheat bread and rice may be well tolerated. The only drug which he has found effectual against flatulence and gastrointestinal fermentation in general is magnesium salicylate, in doses of 1 or 2 gm. (15 to 30 grains) three times a day; it seems to have a marked influence in preventing gaseous fermentations while free from the usual by-effects of other salicylic preparations, and it is not constipating. It is serviceable only in ailmentary or intestinal putrefactive processes. In cases of organic changes favoring flatulence, purgatives are necessary, and for this he prefers castor oil in small repeated doses. When the flatulence is the result of congestion with heart disease, heart tonics may be useful.

Headache—Treatment of Certain Forms of.

The Headache of Arteriosclerosis—This is associated with the condition of the arteries, thickening of the membranes and cerebral anæmia. From time to time small blisters should be applied behind the ears. For occipital pain the acute cautery should be lightly applied to the neck every day for 25 days. Two or three teaspoonfuls of the following should be taken daily.

℞ Sodii Glycerophosphatis.
Potassii Glycerophosphatis.ana ʒi.
Syrupi Codeinæ..... ℥iss
Tincture Nucis Vomicœ.... mxxx.
Aquam Menthis Piperitæ.... ℥ii.

Compresses soaked in some sedative lotion should be applied.

The Syphilitic Headache.—The specific treatment must be carried out, to which may be added arsenic and the phosphates.

℞ Liquoris Arsenicalis..... mxxx.
Sodii Phosphatis..... ℥ss.
Aquæ destil..... ℥x.

Misce. Fiat mistura.

If the headache is nocturnal, give 5 grains of veronal in a cachet at bedtime. In obstinate cases, perform lumbar puncture and remove 10 c. c. (ʒiij.) of fluid.—Jour. de Med. et de Cherurg Pratiques.

Herpes—Treatment of.

Herpes is an eruption constituted by miliary vesicles of the size of a pin's head, transparent and grouped, in general, on a zone of erythema. Its appearance is preceded by a sensation of itching and burning, but once formed, the vesicles lose quickly their transparency, dry, and give place to a small crust, which finally falls off without leaving a cicatrix. The duration of the affection does not exceed two weeks.

Besides the acute form, there exists a remittent form characterised by the fact that the eruption returns at more or less irregular intervals, always in the same region and sometimes always at the same point.

Three varieties are known: catamenial herpes, genital herpes (man), remittent buccal herpes. A fourth variety, not well known, and called by Brocq essential remittent herpes of the skin, is found habitually in the lumbar region, on one or other buttock, and the cheek. The former is sometimes preceded by neuralgic pains, sciatica, etc. It commences by a red spot about the size of a shilling, rapidly covered with miliary vesicles, and runs its course in one or two weeks, to return in two or three months, and so on for years.

Intermittent herpes of the face is generally observed in children or young people. The seat is the centre of the cheek, and more frequently the left than the right.

Without any premonitory symptoms, the eruption takes place during the night, and in the morning a red patch is seen, which is soon covered with vesicles, and finally disappears in four or five days.

Although but slight in importance, this little affection, by reason of its recurrent tenacity, may cause no little annoyance to young girls.

The treatment is not very satisfactory, says Dr. Poutier. In any case, nothing heroic should be tried, as the affection gets well spontaneously in most cases. However, it may be well to prevent the infection in order to avoid a possible cicatrix. A warm lotion of camomile flowers might be applied twice or three times a day, and at night a sedative ointment:

Ichthyol, 15 gr.
Oxide of zinc, 1 dr.
Lanolin, 4 dr.
Vaseline, 4 dr.

In the intervals between the eruptions the place may be rubbed with camphorated spirit.

The general treatment consists chiefly in the regime, which should exclude all heating foods.

Intestinal Colic, Etc.

℞ Spt. ætheris comp.,
Spt. chloroformi,
Spt. ammonii aromat.,
Tinct. lavend. comp., of each, ½ ounce.
Syr. tolutani, 2 ounces.
M. Sig.: One to three teaspoonfuls as needed. (American Pract. and News.)

Ivy Poisoning.

Dr. Baird, in Medical Record, New York, states that in this disease he does not use ointments, and no bandages, because these tend to spread the poison over the surface; however, he sometimes uses a loosely applied dressing of absorbent cotton, kept moist and changed at short intervals. Frequent and copious washings with lukewarm water and an unirritating soap, which dissolves and removes the poisonous serum. In handling the inflamed surface it is best to wear rubber gloves. After washing the parts he applies a warm solution of 2 to 4 per cent. potassium permanganate, which neutralizes the poison; the strength of the solution and frequency of application depend on the judgment of the physician. After the acute stage has passed and a condition of eczema exists, soothing ointments may be used; water may be objectionable. The permanganate stains the skin.

Rheumatism—Acute.

Bourget uses the following:
℞ Acidi salicylici,
Lanolin,
Ol. terebinth. rect., of each, 1.0.
Adipis, 10.0.
M. Sig.: Apply without rubbing and then bandage the joint with flannel.—Medical Record.

Syphilis—Hereditary—How to Treat it.

Gaucher states that all children of spyhilitic parents, although showing no symptoms at birth, are nevertheless infected. The Wassermann reaction has been positive in cases of children of a mother infected during the eighth month of pregnancy. There are two important points in the treatment of these little patients. The first is the feeding. It is doubly important to them to have breast milk, since they need the best of food to give them the necessary strength to resist the disease, and they also obtain from the milk of the infected mother antitoxins that are of value against the disease. It is equally important not to give them to a wet nurse on account of the danger to her of infection. The second point in the treatment is to give mercury by mouth, the sublimate being used in a solution of 1-1000, beginning with a milligram at a dose, and increasing. The effect of the drug is better if fractional doses are used. The author condemns the use of frictions as uncleanly and uncertain, and thinks that the hypodermic use of the drug is unnecessary.—La Medecine Moderne.

Typhoid Fever—Prefer Food to Treating.

In the management of our typhoid fever patients we must not forget that orange and grape juices, together with well-strained vegetable soups, will obviate the deplorable physical state which will otherwise ensue at the close of the typhoid proper, and which is, in a degree, a scorbutic condition. Another point, in connection with milk when it is used in typhoid as the main dietetic reliance, is that it should be modified by the addition of barley-water, the latter in about one-third proportion. Modification by lactic bacilli cultures has also its advocates. E. E. Cornwall, of Brooklyn, reports a phenomenally low death-rate in a large series treated with ripened milk.—Therapeutic Medicine.

Typhoid Fever.

The plan which has yielded the best results in Wilcox's hands has been the administration of the compound solution of chlorin, U. S. P., in doses of 1 dram every 3 or 4 hours, diluted in at least 2 ounces of water. This can be given, he states, until all fetor of discharges is lost and until the temperature becomes normal. Wilcox says that with the use of this method (1) chlorin can safely be administered without fear of digestive or other disturbance until bacterial activity in the alimentary tract is markedly inhibited; (2) that under its use the tongue becomes cleaner and the appetite and digestion improve, the fever is lower and the stools are devoid of odor save that due to the chorin; (3) the general health, intellectual processes and nervous conditions improve: (4) the dura-

tion of the disease is shortened and the patient usually proceeds to a rapid, full recovery.—Dr. R. W. Wilcox, in Interstate Medical Journal.

Whooping Cough—Treatment of.

Dr. G. Bradt ascribes the symptoms of whooping cough to a local process in the upper air passages, and declares that local treatment of the nasopharynx is frequently able to arrest the syndrome.. He uses a mixture of iodid and phenol 0.5 parts, with 1.5 parts potassium iodid and 15 parts glycerin in 100 parts water; with this he swabs the nasopharynx for 2 or 3 seconds once a day. This local treatment is supplemented by keeping the child in out-door air as much as possible.

Hospitals.

State Hospital, Morris Plains.

Work has been begun on the new kitchen building to be erected on the State hospital grounds at Morris Plains. The building is to be of gray pressed brick, and will be located between the main building and the dormitory building. The building, as planned, will be one story in height and will be fireproof. The dimensions of the building are to be 101x61 feet. The interior of the kitchen will be lined with glass tile. An elevator will be installed for use between the kitchen and the basement.

Christ Hospital, Jersey City.

Christ Hospital on Palisade avenue, Jersey City Heights, has reached that point in its career of great usefulness and humanitarianism when it must either find some means of clearing away its current indebtedness and meeting expenses of the future, or close its doors. This situation confronts the men and women who have worked hard for years to see the hospital become a permanent institution in a vast field of surgical and medical endeavor which is apparently utterly neglected by the city. There is a mortgage of $21,000 on the property. Ten years ago this was $40,000. St. Mary's Guild has assumed the responsibility of wiping out this debt. It pays the interest on the mortgage, and each year managed to pay a few thousand dollars toward a reduction of the principal.

Sixty per cent. of the cases handled there are handled free of charge, and the remaining 40 per cent. do not pay enough to cover actual expenses. Out of the 105 cases admitted to the hospital recently, six were medical cases, six maternity cases and the entire remainder were surgical cases.

It was learned that it cost Christ Hospital $1.88 a day per patient, and the Presbyterian Hospital, which is considered an economical institution, costs $3.50 a day per patient.

It was further learned that where it cost Christ Hospital $3.50 a day to maintain a patient in a private room, the cost under similar conditions at the Presbyterian Hospital was $6.50 a day.

Mrs. F. D. Gray, wife of a Jersey City doctor, is arranging to give another kirmess. Three years ago, the one given under her management realized $8,000 for the hospital. The coming event will occur on January 10, 11, 12 and 13.—Observer of Hudson County.

The following is an editorial from The Observer of Hudson County, October 6th:

James E. Pope, of Jersey City, offers to give $250 toward a fund of $20,000 for Christ Hospital, which is badly in need of money to continue its splendid work. He asks that ninety-nine other citizens give $100 each, and that the balance be raised in smaller subscriptions. He also suggests that the fund be called "The Observer Christ Hospital Fund."

This newspaper is willing to aid such a cause to the fullest extent of its power. It will acknowledge the subscriptions and beg for more. It will spread before the people any appeal the friends of the hospital desire to make. But there is no reason why such donations should be called "The Observer Fund."

If enough citizens are willing to co-operate with Mr. Pope to raise $20,000, or some lesser sum, it is respectfully suggested that the contributions be called the "Christ Hospital Emergency Fund," and that the contributions be sent to Richard Stevens, who is the treasurer of the hospital management and has given large sums for the maintenance of the institution. On this basis Mr. Pope and others may command The Observer in any manner and to any extent they choose.

Mercer Hospital, Trenton.

The Ladies' Aid of Mercer Hospital, held their annual fair and supper in aid of Mercer Hospital, October 13 and 14, and realized a handsome amount.

At the meeting of the Board of Trustees of the Mercer Hospital, October 12, resolutions were passed condemning two of the resident physicians for the manner in which they left the hospital.

The two physicians left the hospital summarily last Friday, giving as their reason for their action inability to work under Miss Alice Gemmell, superintendent of the institution, and charging mismanagement on her part.

The resignation of Dr. Harry C. Fish, of Philadelphia, as a resident physician at the hospital, was received, and Dr. Frank M. Dedaker, of Philadelphia, was appointed as his successor. Dr. Dedaker was a member of the 1910 graduating class of the University of Kentucky and was satisfactorily reported on by the staff committee of the hospital.

McKinley Hospital, Trenton.

The Ladies' Aid Society of McKinley Hospital will hold their annual fair and supper for the benefit of that hospital November 10th to 12th.

North Hudson Hospital.

At a meeting of the board of governors of the North Hudson Hospital, held in the institution September 30th, on Bullsferry road, Weehawken, the Mayors of Union Hill, North Bergen and Weehawken announced their willingness to help pay the cost of the maintenance of the hospital by the per capita tax system as advocated by President Louis A. Menegaux.

The president spoke of the needs of the hospital, more nurses, a nurses' home, larger wards, more instruments, etc. The per capita tax was generally approved by those present, but they had no power in the matter until the towns had voted on it. There was some opposition to the towns having representatives on the board of governors of the hospital, as it might open the way for political manipulation.

One of the speakers said:

"Many of the physicians have complained to me that when a patient of theirs is removed to this hospital the family physician is not allowed to even be present if an operation is performed. They have been informed that when a patient enters a ward he becomes the property of the hospital for the time being and all outside doctors are barred."

President Menegaux stated that the matter rested entirely with the medical staff, but he added he saw no reason why the family physicians were not allowed to be present and act as assistants. He said he believed the medical staff would agree to the proposition.

After further discussion of the per capita tax, Secretary Strickland suggested that the mayors of the various towns get together on the question and come to some mutual agreement on the plan of action to be taken. This will be done, and the board of governors will be notified and a date will be set for a meeting.

Orange Memorial Hospital.

In order to meet a need that has been felt for many years the board of governors of the Orange Memorial Hospital is making provision for opening a semi-private ward, that will contain five beds for women and two semi-private rooms for men. The rate for such accommodations will be about $12 a week. It is estimated that the cost of establishing such a ward will be about $50 for every patient that will be accommodated, and an opportunity will be given any individual or organization to assist in furnishing this new department, which has been made possible by the gifts of two men who are interested in the work of the hospital.

Newark City Hospital Needs.

At a meeting of the Finance Committee of the Newark Common Council President Herold and Commissioner Dobbins, of the Board of Health, asked for appropriations sufficient to purchase a site for a nurses' home in connection with the City Hospital, to build a two-story garage and complete the hospital morgue.

In response to a question, Dr. Herold replied that the removal of the nurses' home to a separate building will enable the board to utilize the present space for wards and will afford accommodations for 225 additional patients. He said the hospital is now always taxed to its capacity. He added that the intention is to buy a site for about $10,000 and later erect a building at a cost approximately of $100,000.

"How do you expect to have the $100,000 raised?" asked Mr. McGowan.

"By a bond issue," replied Dr. Herold.

"This talk about not issuing bonds sounds nice," remarked Mr. Congleton, "but that's the way we have got to take to raise money for extraordinary purposes when the amounts are large. If we should put such sums in the tax levy the people would lay outside the city hall with shotguns for us. I believe that if the people of this city see the way we are taking care of the patients in the City Hospital they will stand for a bond issue to increase the work at any time."

St. Barnabas Guild, Newark.

The ladies of this guild are perfecting plans for the annual fair of the guild, for the benefit of St. Barnabas Hospital, which will be held December 8th, in Wallace Hall, Newark.

Site Offered for Hospital at Millville.

A suitable lot has been offered by a citizen of Millville for the erection of a hospital, provided the funds are subscribed—estimated at $12,000 to $15,000—for the erection of a building. An appeal has been made by the Millville Daily Republican for the needed amount.

Hospital and Doctor Sued for $100,000.

The first hearing in a $100,000 negligence action brought by Mrs. Margaret V. B. De Lamar, of Utica, jointly against the J. Hood Wright Hospital and Dr. James W. Cassells, both of New York City, was held at Utica, N. Y., September 30th, before a referee.

The contention of the plaintiff is that an operation of mastoids, performed upon her at the J. Hood Wright Hospital on March 7, 1908, was carelessly done, so that the facial nerve was severed, causing a paralysis of the left side of the plaintiff's face. It is also claimed that the hospital did not take proper care of her after the operation.

James E. Lewis, representing Dr. Cassells, said that he would show that not only was the operation performed by his client with skill, but without doubt it saved her life.

St. Mary's Hospital Training School.

Five nurses were graduated September 28th from St. Mary's Hospital Training School. Exercises were held in Elks' Hall. Addresses were made by Rev. Thomas J. Kernan, Dr. Charles A. Church and Dr. Edwin De Baun, of this city, and Dr. C. F. Adams, of Hackensack. Dancing followed the program.

The graduates are Misses Mary C. Coleman, of Paterson; Anastasia M. Grattan, of New York; Jane G. Gill, of Newark; Mary C. McGaw, of Stonington, Conn., and Helen Weston, of New York.

An hypertrophied prostate in which nodules can be felt per rectum is carcinomatous.—Amer. Jour. of Surgery.

Married.

GRANELLI—FEENEY.—In Hoboken, N. J., October 5, 1910, Dr. Michael G. Granelli to Miss Marie Feeney, both of Hoboken.

SCHUREMAN—UNDERWOOD.—At Newark, N. J., October 19, 1910, Dr. James P. Schureman, of New Brunswick, N. J., to Miss Helen S. Underwood, daughter of Dr. Charles F. Underwood, of Newark.

Deaths.

BURT.—In the Pennsylvania Hospital, Philadelphia, September 28, 1910, Dr. Noah Howard Burt, of Ocean City, N. J.

Dr. Burt graduated at the University of Pennsylvania in 1895. His death followed an operation for appendicitis. He leaves a widow, but no children.

COURSEN.—At Oak Ridge, N. J., October 1, 1910, Dr. Whitfield S. Coursen, aged 86 years.

Dr. Coursen was a graduate of the College of Physicians and Surgeons, New York, in 1848.

CROWELL.—At East Orange, N. J., September 29, 1910, Dr. John Crowell, aged 60 years.

Dr. Crowell was born in Woodbridge in 1850. He graduated from the University of New York and from the College of Physicians and Surgeons. He had lived in East Orange for the past ten years. He is survived by a widow, one son and one daughter.

JOHNSTON.—At Trenton, N. J., September 29 1910, Dr. Frank J. Johnston, aged 55 years.

Dr. Johnston graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1883. The cause of death was Bright's disease following acute rheumatism.

Personal Notes.

Dr. Theodore W. Bebout, Stirling, recently appointed medical inspector of the township, has made his first inspection.

Dr. Dowling Benjamin, Camden, has an interesting paper in the Camden County Medical Society Journal on "What Constitutes Medical Science."

Dr. Alfred Cramer, Jr., Camden, and family occupied their cottage at Cape May during July and August.

Dr. J. Ackerman Coles, Scotch Plains, has presented to the Muhlenberg Hospital, Plainfield, a library of "best books," for the use of the patients, "as a means of lessening the weariness of delay and in the hastening of recovery."

Dr. Henry H. Davis, Camden, and wife occupied their cottage at Island Heights during the summer.

Dr. Henry B. Costill, Trenton, returned October 1st from a month's rest in the Adirondack Mountains.

Dr. William H. K. Davis, East Orange, who spent three months traveling in Europe, arrived home September 28th.

Dr. Britton D. Evans, Greystone Park, addressed the Woman's Club, Jersey City, at its first social meeting held October 6th.

Dr. Irwin H. Hance, Lakewood, returned from his summer's outing October 1st.

Dr. William J. Hall, Trenton, had a few days' rest at Easton, Pa., last month.

Dr. Bela G. Illes, New Brunswick, recently spent two weeks at Mt. Pocono and Easton, Pa.

Dr. Morton M. Kent, Trenton, fractured his wrist when cranking his automobile recently.

Dr. William G. Schauffler, Lakewood, spent a few days in September at Saratoga, N. Y.

Dr. Elihu B. Silvers, Rahway, recently had a narrow escape from serious accident, his carriage and an automobile having collided and smashed one of the carriage wheels.

Dr. Ernest G. Hummel, Camden, was at Ocean City during the last two weeks of August.

Dr. Sewell O. B. Taylor, Millstone, spent some weeks in Virginia recently.

Dr. Roland I. Haines, Camden, and wife were at Atlantic City in August.

Dr. Levi B. Hirst, Camden, and family spent the month of August at Ocean City, N. J.

Dr. Harry Jarrett, Camden, was at Mt. Pocono, Pa., during August.

Dr. Charles H. Jennings, Merchantville, with his wife, spent the month of August visiting Northern New York and Canada.

Dr. William I. Kelchner, Camden, occupied for the eleventh year his cottage at Wildwood, N. J.

Dr. Adrienette L. LeFevre, Blackwood, and daughter enjoyed a sea trip to Nova Scotia in August.

Dr. Alexander McAlister, Camden, passed the summer months with his family at Avalon, N. J.

Dr. Paul M. Mecray, Camden, spent a part of his vacation season at Kennebunkport, Maine.

Dr. Howard F. Palm, Camden, and family spent several weeks during the summer visiting Chicago, the Yellowstone Park and other points in the West.

Dr. William H. Pratt, Camden, and family were at Ocean City during August.

Dr. George L. Romine, Lambertville, enjoyed his vacation during the month of October, attending the meeting of the surgeons of the Pennsylvania Railroad at Pittsburg, and afterward traveling in the West.

Dr. H. Genet Taylor, Camden, and family spent several weeks at Clifton Springs, N.Y., and in Canada.

Dr. Charles H. Brueckner, Newark, who has been away for a year and a half because of ill health, has recovered and resumed practice.

Dr. Frank G. Clark, Whitehouse, has recovered from an operation recently performed on him by Dr. B. V. D. Hedges, of Plainfield.

Dr. A. Clark Hunt, Metuchen, and wife recently spent a few days at Mantoloking.

Dr. Walter A. Jaquith, East Orange, has been appointed by the Mayor a member of the Board of Health.

Dr. Joseph C. Winans, Belleville, recently gave a musicale at his residence for the benefit of the building fund of Christ Episcopal Church.

Dr. James Douglas, Morristown, returned last month from his trip abroad, having spent several weeks in Scotland.

Dr. Frederick W. Flagge, Rockaway, had a two weeks' trip to Maine last month, traveling about 500 miles in an automobile.

Dr. Joseph B. Harrison, Westfield, and wife were registered at the Bartlett Inn, Lakewood, in October.

Dr. Eleanor Haines, Newark, who has been enjoying a vacation of several months abroad, returned last month.

Dr. Willets P. Haines, Medford, occupied his cottage at Ocean City, during the summer, with his family.

Dr. Henry A. Hotwet, Weehawken, had his automobile severely damaged in collision with a trolley car recently.

Dr. Ernest F. Sickenberger, Rutherford, was obliged to go to the Paterson General Hospital for a few days in October, for a minor operation, made necessary by failure to heal of the operation performed on him in Italy for appendicitis.

Dr. Robert R. Sinclair, Westfield, has been appointed medical inspector of the public schools of that town.

Dr. John L. Taylor, Boonton, and wife expect to spend some weeks the coming winter in California.

Dr. William M. Barnes, Springfield, was recently called to Washington, D. C., by the illness of his mother.

Dr. Frank G. Clark, Whitehouse, who recently underwent a severe operation, has recovered.

Dr. Peter Hoffman, Jersey City, and wife spent two weeks in October at Old Point Comfort, Va.

Dr. Clarence A. Plume, Succasunna, is receiving congratulations on the arrival of a son.

Dr. Charles M. Williams, Washington, has been visiting relatives at Lambertville.

Dr. Rudolph W. Gelbach, Hoboken, with his wife and daughter, sailed on the North German Lloyd steamer Berlin, for Italy, on October 8th.

Dr. T. Richard Paganelli, Hoboken, had his automobile wrecked in collision with a trolley car recently. No one was seriously injured.

Dr. Richard C. Newton, Montclair, is running on the Democratic ticket for Mayor of that city.

Dr. Howard A. Wilson, Woodbury, has been appointed medical inspector of the Woodbury public schools by the local Board of Education.

Dr. David St. John, Hackensack, has recently returned from a very successful hunting trip to Canada.

Dr. Linn Emerson, Orange, delivered a lecture before the Glen Ridge Club, October 28, on "The Importance of Early Diagnosis and Treatment of Adenoids; the Cause and Prevention of Deafness."

Dr. Charles L. Lindley, Lakewood, has recently returned from Germany, where he spent the summer.

Dr. Samuel A. Muta, West Orange, has been nominated by the Democrats for Mayor of that town.

Dr. William W. Brooke, Bayonne, recently enjoyed a three weeks' sea voyage down the Atlantic Coast to Central and South America.

Dr. Walter A. Taylor, Trenton, severed his relations with the State Hospital, Trenton, after four years of faithful service, and was presented by the medical director, Dr. Cotton, on behalf of the staff, with a valuable surgical instrument as a token of esteem. He will engage in private practice in Trenton.

Book Reviews.

Symptomatic and Regional Therapeutics. By George Howard Hoxie, A. M., M. D., Professor of Internal Medicine and Dean of the Clinical Department in the School of Medicine of the University of Kansas; Attending Physician to the Eleanor Taylor Bell Memorial Hospital; Member of the American Academy of Medicine, American Medical Association, etc.; President, 1909-'10, Association of American Medical Colleges. Cloth, $4.00 net. New York and London. D. Appleton & Company. 1910.

This work embodies the material collected for the course in general therapeutics recommended by the Committee on Curriculum of the American Medical Association. It is divided into two parts—the first part being devoted to a consideration of symptoms, their relations to pathological processes and their relief; the second part dealing with regional therapeutics, the therapy of inflammations and the practical relief of diseased conditions as presented at the bedside and at the clinics. There is an appendix containing a description of the more important agents of the materia medica. Altogether the work is a valuable aid to the student and the young physician.

The Practice of Medicine. A Guide to the Nature, Discrimination and Management of Disease. By A. O. J. Kelly, M. D., Assistant Professor of Medicine, University of Pennsylvania; Professor of Medicine, University of Vermont. Octavo, 949 pages, illustrated. Cloth, $4.75, net. Lea & Febiger, Publishers, Philadelphia and New York. 1910.

Dr. Kelly has prepared this volume mainly for the use of students. His aim is to make them practical physicians, ready to meet diseases at the bedside, in the clinics and in the consultation room. He omits some of the rarer forms of disease, but makes clear the pathology, symptomatology, etc., of the commoner affections. In treatment he gives one method, which he has found by personal experience to be beneficial and mentions the methods of other clinicians for consideration. This work will be an exceedingly useful compend for the busy general practitioner.

The Principles of Pathology. Volume I. General Pathology. By J. George Adami, M. A., M. D., LL.D., F. R. S., Professor of Pathology in McGill University, Montreal. New (second) edition, thoroughly revised, Octavo, 1027 pages, with 329 engravings and 18 plates. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

The appearance of a revised second edition so soon after a large first edition attests the value of this work and the interest it excites. The learned author founds the plan of his investigations on the dictum of Bacon, "Vere scire est per causas scire," as the only correct manner of studying pathology. That his views and methods are approved is shown by the adoption of his work as a text book in many of the best colleges. Although opinions in pathology are constantly undergoing change in the light of new investigations and discoveries, yet all that is latest and approved is contained in this second edition.

Anatomy, Descriptive and Applied. By Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London. New (18th) edition, thoroughly revised, by Edward Anthony Spitzka, M. D., Professor of Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1496 pages, with 1208 large and elaborate engravings. Price, with illustrations in colors, cloth, $6.00 net; leather, $7.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

Gray's anatomy has so long been a standard that it might seem at first thought that revision was unnecessary. But anatomy is not station-

ary either in its facts or in the method of their presentation and this eighteenth edition prepared by Professor Spitzka, a celebrated and gifted anatomist, presents much of interest to the student, the teacher and the practitioner. Its "applied anatomy" is as useful to the physician as to the surgeon. Many of the plates are colored and all have the names of the parts directly on them—a great advantage to the student in fixing the location and relations of the various organs and tissues. Many passages have been rewritten and obscure statements made clear. By rearrangement, condensation and avoidance of duplications the present volume, though shorter by one hundred pages, presents more information than any of its predecessors and is certain to enhance the reputation of this work, which has long maintained a supremacy in its department.

NEVER TOLD TALES. BY WILLIAM J. ROBINSON, M. D., Editor of The American Journal of Urology, The Medical Reviews, Critic and Guide and Therapeutic Medicine; Fellow of N. Y. Acad, Med., Member of American Med. Assn., etc., etc. The Altrurians, 12 Mt. Morris Park, Publishers, New York, 1910. Price, $1.00 postpaid.

"Never Told Tales" are being told many times every day in the offices of the physicians throughout the land, but we seldom sit down and consider our "cases" in all their aspects until they are presented, as in this little volume by the facile and "thought-provoking" pen of Dr. Robinson. Each little narrative preaches its own sermon and leads the conscientious physician to question the standard of morals which permits so many repetitions of the same offences. This book should meet the eyes of not only every physician, but of every clergyman, lawyer and all leaders and formers of thought throughout the country.

A TREATISE ON DISEASES OF THE EYE, BY JOHN Elmer Weeks, M. D., Professor of Ophthalmology in the University and Bellevue Hospital Medical College, New York. Octavo, 944 pages, with 528 engravings and 25 full-page plates; cloth, $6.00 net. Lee & Febiger, New York and Philadelphia, Publishers.

This book is one of the best of American text books on ophthalmology of which there are now a good many. In the preface the author states that in preparing this volume it has been his design to produce a treatise on opththalmology that will enable the undergraduate in medicine to obtain a sufficiently comprehensive and trustworthy knowledge of the subject, a book to which the practitioner of medicine may refer for information regarding questions concerning the eye, and also a book which may be of use to the specialist in ophthalmology, and in this he has fully succeeded, in the opinion of the reviewer. The work includes a description of the embryology and anatomy of the eye and principles of optics as well as the clinical aspects of the subject, as in the opinion of the author a knowledge of them is necessary to a full understanding of the pathological processes discussed and it is convenient to have them embodied in one volume. For our own part we should have preferred to have two volumes, as 944 pages make a book rather heavy for easy handling. The author states that he has given as little theory as possible, and this only when the facts were not sufficient to explain the phenomena described. The endeavor has been made to present the subject in as direct a manner as possible, describing conditions and accepted methods of treatment as briefly as is compatible with a free exposition of each topic. Recent developments in ophthalmology have received due weight, including the role of micro-organisms. The application of modern methods of treatment in affections of the eye has been fully considered. The book is thoroughly up to date. The author has had the aid of Dr. W. N. Souter, Dr. Alexander Dunn and Dr. George S. Dixon in the preparation of the volume.

The book is well printed and contains numerous illustrations, many of which are new. It reflects great credit on both author and publisher, and can be confidently recommended to all who wish to obtain a working knowledge of this branch of medicine.

BOOKS RECEIVED.

The Practical Medicine Series, Volume V. Obstetrics. Edited by Joseph B. DeLee, A. M., M. D., Professor Obstetrics, Northwestern University Medical School, with the collaboration of Herbert M. Stowe, M. D. Series, 1910. Chicago. The Year Book Publishers.

The Practical Medicine Series. Volume VI. Edited by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, Chicago, and J. H. Salisbury, A. M., M. D., Professor Medicine, Chicago Clinical School. Series 1910. Chicago. The Year Book Publishers.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Indiana, January	21	19	2
Indiana, July	86	79	7
Iowa, June	43	41	2
Maine, July	56	51	1
Michigan, June	9	9	0
Mississippi, May ...	192	59	133

The New Jersey Board of Medical Examiners, October 17, revoked the license of Mrs. Camilla Fraschello to practice as a midwife in this State. A verdict of $3,000 damages was rendered against her in the Mercer County Circuit Court recently for carelessness in a case attended by her.

STATE MEDICAL BOARD UPHELD.

The Supreme Court of Arkansas has recently issued an opinion of considerable importance to the medical profession, in which the action of the State Medical Board in revoking a license to practice medicine in the State was upheld. A lower court had enjoined the board from taking this action, but the Supreme Court reverses it and holds that the Medical Board has the right to control its membership at all times, either by granting or refusing to grant a license, or by revoking a license already granted. The license in this case was revoked because of what the board considered improper advertising on the part of the holder.

Public Health Items.

Newark's Water Conservation.

Editorial in the Newark Evening News, Oct. 5.

While nearly every city in this section of the country is having more or less difficulty with its water supply, due to the prolonged drought, Newark has not suffered any ill effect from the dry spell. The supply of water from the Pequannock shed has been abundant, clear, not offensive to taste or smell and uncontaminated with disease germs. Furthermore, the people of this city have been assured that if the drought should continue from now on and during the winter, there is still enough water on hand in the city reservoirs to last us to the middle of next March without scrimping. This is a most satisfactory state of affairs.

Newark has not always been so fortunate as this. Two years ago the water supply of the city was much lower than at present and there was fear that there might be necessity for strict economy in water consumption before the winter was ended. This fear proved groundless because of timely rains, but it led to better conserving of the supply and to an agitation for more watershed that will doubtless prove effective ultimately. The water consumers also were annoyed as a result of the growth of algæ in some of the reservoirs a year ago last winter.

This disagreeable condition was promptly remedied by a change in the reservoirs from which the supply was being drawn and by chemical treatment of the affected water in storage. Since then there has been no recurrence of the trouble, and should it develop again the remedy is so well known that it could be easily and effectively applied.

There is no luck, however, in this city's water situation. The exceptional conditions on our watershed are due to the expenditure of large sums of money, to expert foresight, and the acquirement of large areas of land as a guarantee against the pollution of the sources of supply.

Guarding the State Against Cholera.

Dr. A. Clark Hunt, of the Board of Health, was in conference recently with Dr. Alvin Doty, the quarantine officer of the port of New York. Dr. Hunt states that the measures adopted to prevent the introduction of cholera, involving as they do the most rigorous examination of all persons coming on transatlantic steamers, and the application of every method known to modern science to detect cases of the disease, gives assurance that the danger of the introduction of cholera through the port of New York is reduced to a minimum.

With the efficient administration of maritime quarantine at the port, there should be no alarm upon the part of the citizens of the State. The health officer of the port of Perth Amboy, and the representative of the United States marine hospital service located at that port, will cooperate with the New York authorities in the effort to prevent the introduction of the disease.

Reporting Infant Paralysis.

The Camden Daily Courier says: "Although wide publicity was given to the order of the State Board of Health to report all cases of infantile paralysis, the order has been absolutely ignored. Unless physicians with cases of this character under their care report their cases, action will be taken by the Board of Health.

Dr. J. F. Leavitt, of the board, urges the reporting of the cases as the figures and data obtained will later prove of material advantage to the phsyicians in fighting this disease. It is known, unofficially, that there are many cases of the disease in this city.

Failure to Report Case of Diphtheria.

A complaint has been entered by the city physician of Passaic, who is also a member of the local Board of Health, against another physician there who failed to report the death of a diphtheria patient.

Bridgeton Board of Health.

Dr. John C. Loper, health officer, reported two cases of typhoid fever, one of scarlet fever and nine of diphtheria during September. Three of the latter cases were from one room in one of the schools. There were two deaths from diphtheria. The value of the Isolation Hospital the doctor believes was forcibly demonstrated in the two severe cases there treated.

Camden Health Report.

The Health Board of Camden reports for the month ending October 15th the following cases: Typhoid fever, 1; scarlet fever, 2; membranous croup, 1; diphtheria, 15; tuberculosis, 4; infantile uaralysis, 4.

Typhoid at Phillipsburg.

Phillipsburg, Oct. 3.—The spread of typhoid fever here is causing alarm. A total of twenty cases has developed within three weeks. John Steinway, aged forty-five, who was admitted to the Easton Hospital last week, died from the fever last night. A son of the deceased is also being treated at the same hospital, together with eight other cases.

Summit Health Board Inspects Stores.

Dr. G. P. Curtis reported to the Union Hill Board of Health, October 11, the results of his visit to Summit. Among other points emphasized, he spoke of the Summit Health Board's work of inspecting stores, both as to their sanitary conditions and also of the goods for sale in the store. He said:

"This inspection has been done in Summit in a novel and effective way. Every month the inspector goes around to the stores and he inspects them. If he finds everything is sanitary and healthful, both the store itself and the goods sold there, he tacks a sign in the window, which can be read by the passing public, notifying them that the store has been found sanitary, and everything sold therein is healthful.

"Why, this system, you understand, has been the means of making the storekeepers their own sanitary inspector. Under that rule they would not allow their store to become unsanitary. The result of this has been that the stores which have the cards posted in the windows do more business than those where there are no cards, and it has made the storekeepers look out for the cleanliness of their stores without being

forced to do it. It is, no doubt, an excellent plan and should be adopted in this town.

"Another reason why the Summit board has been able to do so much toward making that town spotless is the fact that, although smaller than Union Hill, the town gives its board more money. Summit, with a population of 8,000, gets an appropriation of $3,600 per year, whereas Union Hill, with a population of 20,000, gives its Health Board only $850."

Pure Food and Drugs.

Dr. William H. Iszard, food and drug inspector, calls the attention of produce dealers to the following ordinance passed at the last session of the board which must be complied with:

"Resolved, That all persons displaying food stuffs and vegetables outside of their stores, must have them elevated at least two (2) feet from the ground and that the food and drug inspector notify them to that effect."

Dr. Iszard says: "Storekeepers, fruit and produce dealers will please observe this notice and comply with its mandates at once. The reasons for this action are obvious to all consumers."

Prosecution Against Flour Bleaching.

Millers who bleach flour must stand criminal prosecution of the charge of adulterating and misbranding their product, according to a warning sent out by Solicitor McCabe, of the Department of Agriculture. Inspectors of the Bureau of Chemistry were ordered to obtain samples of bleached flour shipped in interstate commerce since the Kansas City decision, with a view to prosecuting criminally those responsible. It is alleged that nitrogen peroxide is used in the bleaching process.

Newark Board of Health.

Rabies, infantile paralysis, mosquitoes and the alleged violation by the employees of the Erie Railroad of an agreement to assist in preserving the purity of Newark's water supply in the Pequannock region, occupied several hours of the time of the Board of Health at its meeting held October 4th.

A report was received from Dr. Richard N. Connolly, the board's bacteriologist, showing the results obtained during the eight months that the rabies clinic has been maintained in connection with the City Hospital laboratory. Dr. Connolly stated that sufficient knowledge has been obtained of the existence of rabies among the dogs in Newark to justify the action of the board in providing for an investigation and protective measures.

It was announced that twenty-nine persons applied for and received treatment for rabies at the clinic, which has been constantly open save for a brief period, ever since it was established. Of 590 injections of rabic antitoxin given there is no instance of ill effects, and in every case where persons were proven to have been bitten by infected animals there have been good recoveries and the persons continue in good health. Of fifteen dogs and one cat examined for rabies, the disease was found to positively exist in nine of the dogs and in the cat.

Dr. Connolly stated that there seemed to be a misunderstanding concerning the conditions under which treatment for rabies is given at the clinic. There was an impression that payment is expected and there have been instances where persons who have been bitten by supposed rabid dogs have refrained from applying for treatment under the impression that a heavy cost was attached.

The efforts of those in charge of the clinic has been to dispel this erroneous impression, and let it be known that treatment for residents of Newark is free of charge. It was shown that treatment at the clinic is given at an average cost of about $5 a case, which means that the cost of sending one person to New York for treatment is as great as treating five with the same efficiency at home.

A reply from Dr. A. Clark Hunt, of the State Board of Health, to an inquiry sent to that body with reference to the reporting of cases of infantile paralysis, produced some caustic comment on the practices of the State body.

Dr. Hunt explained that the regulations adopted for the handling and reporting of infantile paralysis had been sent to every physician in the State. The same notices had not been sent to the local Board of Health, Dr. Hunt admitted, and the reason for that was, he wrote, that the State board has exhausted its appropriation for stationery and will not get any more money for that purpose until November 1.

Commissioner Foyle suggested that a loan of stationery or even a little cash from the petty cash account be advanced to the poverty-stricken State department.

President Herold stated that the practice on the part of the State board of ignoring local health departments was not new. It has been a source of trouble in other matters, he said. The Newark department, he added, has taken a strong position in the past in the legislative halls against the propensity of the State department to go over the heads of local boards. He thought that the instructions to the physicians concerning infantile paralysis and other diseases that call for general action along fixed lines should be given through the local boards.

When Commissioner Dobbins was called on for a report on mosquito work he stated that the campaign for this year was about ended, and the results had not been satisfactory. He went into a history of the causes of the excessive activity of the pests during the present year and laid it, first, to delay in killing off the first marsh brood of anophele and again to the failure to smother untold millions of larvæ in the sewer basins of the city.

When testimony was given by Special Inspector Andrew J. Brady that the train crews of the Susquehanna Railroad have persistently ignored the promise of the Erie Railroad Company to the State Board of Health regarding trains passing through the city's watershed region, it was decided to appeal to the State board to take action against the company.

Poisoning from Lobster Salad.

From the Newark Star.

A lobster salad dinner partaken of by a number of men in Elizabeth a few days ago has had tragical results. Five men have died and seventeen men were made seriously ill. The cause of the epidemic was typhoid poison in the lobster. All shellfish can be made dangerous as food by absorbing disease germs in

water or by decay. The government recognizes the danger of taking oysters from sewage-tainted waters, and the pure food laws forbid their exposure for sale. But the law cannot peep into the kitchen of the caterer and cannot prevent the serving of poisonous shellfish by ignorant or careless cooks. The individual must look out for himself and take no chances of ptomaine or typhoid poisoning.

(In reference to the above, we give the following item taken from the Daily State Gazette, October 5.—Editor.)

The typhoid epidemic in Elizabeth is dated from a banquet given in honor of Policeman John Sullivan in Entre Nous Hall, a few weeks ago. Following this dinner there was an alarming spread of the malady among the guests, and last week three of them died.

John Sullivan, Richard Mahon and Lee F. Peitz are the dead. Many are ill probably beyond recovery from the disease.

It was thought at first that the germs came from the lobster and salads served at the banquet, but Dr. Rucker, a government food inspector and member of the State Board of Health, and Inspector Richards investigated and found that the food was all right and that the disease had been communicated through the hands of a person who was employed in serving the menu.

The person handled every bit of the food served, and Dr. Rucker reported that he had learned that the case was similar to that of "Typhoid Mary." The Board of Health will not make public the name of the person.

One victim of the "chronic germ carrier," was Thomas Smith, a policeman of Brooklyn, and another lived in Rahway.

Outbreaks of Typhoid.

Editorial in the Newark Evening News, Oct. 14.

Two cities in this State, Elizabeth and Phillipsburg, have for a month past been suffering from outbreaks of typhoid fever, and both have thus far been unable to discover the immediate cause of the epidemic.

In Elizabeth five victims have died, five or six more are in the local hospitals and as many more have suffered light attacks of the disease. All contracted it at a dinner given by a social club, but in just what way and through just what particular portion of the viands no one has been able to learn.

In Phillipsburg there have been several deaths, and the number of those still suffering from the disease is unusually large. The source of the fever is so much of a mystery that the State Board of Health has commenced an investigation of the city water, the milk supply and the sanitary conditions of the city itself and the adjoining townships.

Typhoid has broken out in other places, but not to such an extent as in the cities named. This season seems to have produced an unusual number of cases. In the first place, those coming home from their vacations, after living either in unsanitary resorts or according to careless and unsanitary methods, have developed the usual quota of cases. In the next place, the long drought has reduced the water supply and has thus increased the danger of typhoid by increasing the proportion of pollution in all wells, brooks and rivers that are contaminated to any degree whatever.

There is one easy way in which the typhoid germ in drinking water can be destroyed, and that is by boiling the water. As long as the drought continues this is a measure of safety that may wisely be adopted wherever water is scarce. Typhoid is a filth disease, and perfect cleanliness is the most perfect protection against it.

Vaccine for Typhoid Fever.

Surgeon Charles S. MacDonald, stationed at Fort Mott, six miles from Salem, has a vaccine which has been used on 35,000 soldiers in the United States army as a preventive of typhoid fever and has yet to record a case developing after inoculation.

During the past year Dr. MacDonald has been experimenting on the soldiers at the fort. The inoculation is entirely optional with the soldier and the operation is attended by little pain. Before Dr. MacDonald, who is an authority on typhoid fever, began experimenting with his new vaccine, there were fifteen deaths a year from this disease at Fort Mott.—Millville Daily Republican.

Warfare Against Flies.

Camden Post Telegram Editorial, October 12.

Now that the summer is practically over and the breeding season of most varieties of insects past, it may seem to the unthinking an inopportune time to urge upon the attention of housekeepers the importance of waging sedulous and systematic warfare upon the housefly. Such, however, is not the view of Dr. Joseph S. Neff, director of the Department of Health of Philadelphia, and that capable and zealous official is a trustworthy authority upon the subject. Dr. Neff has just issued a circular earnestly admonishing all classes of the community to renewed efforts to exterminate the flies and pointing out the easiest and most effective expedients to that end.

The cool outside air now prevailing has the effect of driving the flies indoors. They may not be so numerous as throughout the heated season while during the past summer, it is gratifying and encouraging to know, their numbers were materially reduced through the country-wide crusade waged against them by scientists and health authorities seconded by the commendable efforts of the people at large. There are nevertheless still enough flies remaining to constitute an efficient nucleus for the propagation of a new crop next season and the destruction of these will prove more effective in keeping down the coming summer's swarms than all the devices that may then be adopted and with far less effort and trouble. The flies that are kept out of doors when the season of frost and ice arrives must of necessity perish, but those which gain ingress to houses and are permitted to live will hibernate throughout the winter, crawling into cracks and crannies and coming out with the advent of spring to renew their youth and vigor and proceed with the work of producing fresh broods of their noxious species.

Do not let escape a single fly that makes its way into your dwelling now, urges Dr. Neff. If you observe but one in a room at a time, pursue it and kill it. If any considerable number are in evidence resort to a more comprehensive method for getting rid of them. But

do not drive them out to simply scatter and locate somewhere else—kill them. An effective agency for this purpose recommended by Dr. Neff is one teaspoonful of a 10 per cent. solution of formalin added to ten teaspoonfuls of sweetened water placed in a saucer and kept constantly exposed in a room at all infested with flies. The mixture costs but a trifle; its preparation is very easy; it is not poisonous to anything except insects; flies will suck it in with the greatest avidity, and it will kill them surely and swiftly.

When some entomological scientist first proclaimed the housefly as the most dangerous enemy of mankind in animated creation and declared the absolute extermination of the insect to be practically feasible, the first of these propositions was received with much popular skepticism, while the second was quite generally regarded as utterly visionary. Now, however, both are accepted by the great body of intelligent people as unquestionable truths and for two or three years the work of extermination has been going on with already noticeably substantial effect. The more unremitting and universal this work is made the more certain and early will be the attainment of the blessed deliverance, and a realization of this commonsense fact should be sufficient inducement for every housekeeper to practically heed the timely suggestions of Dr. Neff.

Continuing the War on Mosquitoes.

From the Newark Evening News, October 6.

The city health board is wise in not abandoning the war on mosquitoes at the close of the mosquito season. There are none of the pest after frost, but much can be done in the fall, winter and early spring, in the way of filling up sink holes and places in which water stagnates, thus destroying the insects' hatching places. As has already been said, this matter of mosquito extermination has not been taken up as seriously and as generally as it ought to be. The Legislature has been more or less derelict. Some municipal authorities have been dilatory and half hearted, while others have been indifferent or antagonistic. Unspeakable comfort to the people and millions of dollars added to the value of property would follow the extermination of the mosquitoes, and yet only comparatively few of the officials, the property owners and the citizens are zealously enlisted in this crusade. The people are being educated on the subject, but till practically everybody takes a hand in the crusade, as they would in suppressing smallpox or any other dangerous contagion, there will be mosquitoes. When all fight them, winter and summer, they will be virtually exterminated, in New Jersey as they have been elsewhere.

Infant Mortality.

In a forthcoming bulletin of mortality statistics for 1909, to be issued by the Bureau of the Census, attention is drawn to the fact that of the total number of deaths, 732,538, occurring in the bureau's death registration area, 196,534, or 26.8 per cent., were of children under five years of age, and 140,057 were of infants under one year. The death registration area covers about 55 per cent. of the estimated population of the United States. In general, it may be said that one death out of five during the year 1909 was of an infant under one year, and one in four of a child under five years. The correct statement of infant mortality, however, can hardly be made until there is a more accurate registration of births throughout the United States. The American Association for the Study and Prevention of Infant Mortality, recently formed, has for its object the co-ordination of all the sanitary agencies available for the special purpose of reducing the number of preventable deaths among infants, and the procuring of reliable statistics is of great importance in such an undertaking. The figures now available show, as was to be expected, a slightly higher death rate among infants in cities, and slightly lower proportions among the rural population, as compared with the registration area as a whole. In a recent report on "Infant and Child Mortality," Dr. Arthur Newsholme, medical officer of the local government board of England, states that infant mortality forms a sensitive index of social welfare and sanitary administration, and that "it is strictly correct to say that a high infant mortality implies a high prevalence of the conditions which determine national inferiority."—Medical Record.

Death Rate for the Year 1909.

The mortality statistics prepared by the Bureau of the Census for the registration cities and States of the United States show that the death rate for 1909 was 15 per thousand of estimated population. This is lower than for any previous year of registration and is probably the lowest in the history of the country. The mortality through the year was distributed with more than ordinary uniformity and no epidemics of wide extent occurred. The total number of deaths in the registration area for 1909 was 732,538, of which 54.4 per cent. were of males. The largest number for any single month occurred in March when there were 70,093. In the majority of the registration States and cities March is the month of greatest mortality, and June of the least.

The official death registration area of the Bureau of the Census includes those States and cities which require registration of a death before the issuance of a burial certificate, and which have complied with other requirements of the Census Bureau. In 1909 the following States were included in this area: California, Colorado, Connecticut, Indiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington and Wisconsin. In addition to these returns were received from 54 cities not in the registration States, in which the local ordinances were considered satisfactory. The estimated population of this registration area in 1909 was 48,776,893, or about 55 per cent. of the total estimated population of continental United States.

The bureau reports 569 deaths during the year from acute anterior poliomyelitis, of which 552 occurred among white persons, and only 17 among colored. There was a somewhat greater incidence of the disease among males, and an increased mortality in August, September and October. The duration of the illness was reported in only 292 of the cases; in 253, or 87 per cent., this was given as less than one month; in 40 as over one month and less than

a year, and in 19 as one year or more. This is the first year for which the statistics of infantile paralysis as a cause of death have been separated. The figures indicate that the disease does not particularly affect large cities of 100,000 population or over.

Pellagra also is a new disease in the mortality statistics. During 1909, 116 deaths from this cause were reported, while in 1908 there were only 23. Previous to this time no deaths were reported from this cause, with the exception of one in 1904.

While the total number of deaths from tuberculosis in the registration area increased from 78,289 in 1908 to 81,720 in 1909, the death rate declined from 173.9 in 1908 to 167.5 per 100,000 of estimated population in 1909. Eleven of the seventeen States for which data are given showed numerical decreases in deaths from tuberculosis in 1909, as compared with 1908, the largest being in New York, 415.

Cancer, on the other hand, showed increases, the death rate being 77 in 1909 and 74.3 in 1908. The actual number of deaths was increased by 4,097.

The typhoid fever death rate which in 1908 was 25.3 per 100,000 of estimated population, the lowest then on record, fell to 22 for 1909. This latter figure is only about one-third of the rate for the five-year period, 1901-1905 (32.2), but it is almost twice as large as the rate for England and Wales.

Pneumonia caused 8,774 more deaths in 1909 than in 1908, the death rate being 143.6 per 100,000, as compared to 136 in 1908. In the number of deaths from influenza there was a decrease of 3,340.

Diseases of the nervous system showed a slight, and diseases of the circulatory system a large, increase in the number of deaths for 1909, as compared to previous years. Meningitis gave a lower death rate as well as a numerical decrease.—Medical Record.

Accidental and Suicidal Deaths.

External causes, other than suicide, were responsible for 47,135 of the deaths reported for the census registration area for 1909, it is stated in the Census Bureau's annual bulletin on mortality statistics for 1909, now in press. The death rate declined from 97.9 to 96.7 per 100,000 estimated population.

The total number of deaths from homicide, as reported for 1909, was 2,854, a decrease of 149 from the number compiled for 1908. Not all deaths from homicide are specified, so that the total number that actually occurred would be in excess of that compiled. The increase in the death rate, 5.9, from this cause for 1909 over the annual average rate, 2.9 for the five year period, 1901-1905, is probably due largely to greater precision in the returns in this respect.

Among the causes of accidental deaths, in the order of numerical importance for the year 1909, were the following: Railroad accidents and injuries, 6,659; drowning, 4,558; burns and scalds, 3,992; injuries at birth, hereafter to be classified under diseases of early infancy, 3,508; injuries by horses and vehicles, 1,152, not including injuries by street cars, 1,723, and automobile accidents and injuries, 632; injuries in mines and quarries, 1,997; inhalation of poisonous gas, including conflagration, 1,837; other accidental poisoning, 1,779; accidental gunshot wounds, 944; heat and sunstroke, 816; cold and freezing, 251; lightning, 150.

There were 1,175 fatal injuries by machinery, chiefly in factories, but the large number, 10,108, of accidental traumatisms of unspecified nature makes it necessary to consider many of the figures given above as only minimal, and it is important that the means of injury be specified in all returns of death from accidental violence.

The slight numerical increase in the deaths, 8,402, from suicide registered for 1909 over the number, 8,332, for 1908 is less than the relative increase of the estimated population of the registration area, so that the death rate decreased from 18.5 to 17.2 per 100,000 population. The most common means of suicide for the year was poison, 2,464, followed by firearms, 2,395; hanging, 1,215; asphyxia, chiefly by illuminating gas, 989; cutting instruments, 536; drowning, 507; jumping from high places, 156; crushing, 84, and other or unspecified means, 58. Undoubtedly many deaths from suicide fail to be reported so that they can be compiled under this head, but the increasing precision of statement of the nature of the death in cases of deaths from violent causes renders the statistics more accurate from year to year and thus accounts for some of the apparent increase in the death rate from suicide.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, September, 1910.

The number of deaths reported to the Bureau of Vital Statistics for the month ending September 10, 1910, was 3,462. By age periods there were 1,009 deaths among infants under one year, 326 deaths of children over one year and under five years, and 800 deaths of persons aged sixty years and over.

Deaths from whooping cough and typhoid fever for September show an increase over corresponding periods of previous years as follows:

	1908	1909	1910
Whooping cough	38	33	65
Typhoid fever	45	23	50

Whooping cough has been unusually prevalent during the past summer and as isolation or quarantine is practically impossible with this disease the high death rate is not unexpected.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending September 10, 1910, compared with the average for the previous twelve months, the averages in each case being enclosed in parentheses:

Typhoid fever, 50 (26); measles, 8 (15); scarlet fever, 15 (23); whooping cough, 65 (25); diphtheria, 30 (56); malarial fever, 2 (3); tuberculosis of lungs, 302 (309); tuberculosis of other organs, 57 (57); cancer, 164 (146); diseases of nervous system, 332 (365); diseases of circulatory system, 330 (362); diseases of respiratory system (pneumonia and tuberculosis excepted), 116 (233); pneumonia, 103 (258); infantile diarrhœa, 605 (239); diseases of the digestive system (infantile diarrhœa excepted), 236 (196); Bright's disease, 193 (223); suicide, 39 (34); all other diseases or causes of death, 815 (649); totals, 3,462 (3,219).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis. Specimens examined from suspected cases of diphtheria, 248; tuberculosis, 340; typhoid fever, 422; malaria, 37; miscellaneous specimens, 40; total, 1,087.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending September 30, 1910, 227 samples of food and drugs were examined in the State Laboratory of Hygiene.

All the 54 specimens of spices, the 4 of cream, 1 of wheat flour and 1 of granulated sugar were above the standard.

Twenty-six of the 160 specimens of milk, the 1 of butter, 2 of camphorated oil and 3 of the 4 specimens of oil of peppermint were below the standard.

Eighteen suits against parties whose milk was found below the standard and 1 of butter below standard were begun.

Division of Creameries and Dairies.

Dairies.

During the month 153 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent. of the perfect mark:

	Number inspected.	Above 60 %.	Below 60 %.
Bergen	8	1	7
Burlington	21	7	14
Essex	15	3	12
Hudson	3	1	2
Mercer	1	1	0
Middlesex	2	1	1
Monmouth	3	3	0
Morris	43	22	21
Passaic	19	6	13
Somerset	15	13	2
Sussex	16	8	8
Union	5	3	2
Elmira, N. Y.	1	1	0
Owego, N. Y.	1	1	0
Totals	153	71	82

Number of dairies, first inspection..... 128
Number of dairies, reinspection..... 25
Number of letters sent to dairymen..... 55
Number of water samples collected from dairy premises 6

Inspections were made at the request of the following local boards of health: Asbury Park, Bordentown, Bound Brook, Dover, Hoboken, Paterson, Perth Amboy, Roselle, South Orange Township, Summit.

Creameries.

Eighteen creamery inspections were made during the month, as follows: Alloway, Asbury Park, Augusta, Bevans, Clifton, Elmer, Haledon, Monroeville, Montague, Neshanic, North Haledon, Paterson 3, Pemberton, Ringoes, Trenton, Woodstown.

Number of creamery licenses recommended. 3
Number of letters sent to creamery operators 12

During the month ending September 30, 1910, 54 inspections were made in 40 cities and towns.

The following articles were inspected during the month but no samples were taken: Milk, 318; butter, 20; foods, 7.

Other inspections were made as follows: Milk wagons, 148; milk depots, 21; grocery stores, 48; slaughter-houses, 28; milk cans, 191; bottling establishments, 8; inspection of oyster grounds.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 124. Public water supplies, 56; private wells, 54; dairy wells, 9; State institution supplies, 1; sewage samples, 4.

Inspections.

Public water plants inspected at Beach Haven, Atlantic City, New Brunswick, Branchville, Haddonfield, Midland Park.

Sewage plants inspected at Woodstown, Roebling, Ridgewood, Burlington.

Special inspections at Long Branch, Sea Girt, New Market, North Paterson, Culvers Lake, Bernardsville, Quinton, Milltown, Smith's Landing.

Stream inspection on Wallkill River, Lawrence Brook, New Market Pond, Lakes Bay, Budd Lake, Mine Brook.

Number of plans for sewage disposal plants and systems approved..... 2
Number of plans for water plants approved. 1
Number of ten-day notices issued to cease pollution 56
Number of cases referred to the Attorney-General 1
Number of pollutions discovered..... 27
Number of reinspections 43
Number of abatements 26

Inspecting the Oyster Beds.

Members of the State Board of Health and of the State Oyster Commission made a visit of inspection of the Maurice River oyster beds at Bivalve October 5th, on the guardboat Cypher, from Bridgeton.

The oystermen feel that, with the expenditure of thousands of dollars in the past few months protecting the oysters from possible pollution, that the State Board of Health will agree that the Maurice River Cove oysters will have the approval of the State authorities.

State Health Board to Keep Live Stock.

The State House Commission has decided to let the State Board of Health go into the live stock business, on a small scale, for experimental purposes. Some time ago the board made known its desire to have a stock of live guinea pigs, rabbits and other small animals handy to its laboratory for the purpose of blood tests and other scientific research.

The State House Commission did not like the idea, but now it has switched and has ordered that housing quarters be provided for such small animals as the Board of Health desires to keep. State Architect George E. Poole is at work on plans, and in the near future the proper quarters will be provided on the roof of the State House, near the centre of the building.

Medical Societies Annual Meetings.

American Electro-Therapeutic Association.
Saratoga, N. Y. Sept. 13-15, 1910.

American Academy of Ophthalmology and Oto-Laryngology.
Cincinnati, Ohio, Sept. 19-21, 1910.

American Association of Obstetricians and Gynecologists.
Syracuse, N. Y., Sept. 20-22, 1910.

American Association of Railway Surgeons.
Chicago, Ill., October 19-21, 1910.

American Medical Association.
Los Angeles, Cal., June, 1911.

Medical Society of the State of Pennsylvania.
Pittsburg, Pa , Oct. 3-4, 1910.

Delaware State Medical Society.
Wilmington, Del., Oct. 13, 1910.

Medical Society of the State of New York.
Albany, N. Y., April, 1911.

Connecticut State Medical Society.
Hartford, Conn., May 24-25, 1911.

Massachusetts Medical Society.
Boston, Mass., June 14, 1911.

Medical Society of New Jersey.
Asbury Park, N. J., June 27-29, 1911.

All the education, all the school knowledge, all the diplomas, are not worth a modicum of ability to think; to think rationally, to analyze, to see the absolute relationship of cause and effect, to go to the root of things, to ask for the why and wherefore, to take nothing for granted, and to believe only that which is capable of proof.

When I see so-called educated and cultured and diplomaed people believing in the rankest superstitions, giving credence to the absurdest impossibilities and worshipping at the feet of the rottenest idols, then I feel like saying—no, I will say it in French: a bas vos ecoles, vos lycees, vos universites.—Critic and Guide.

When seeking the cause of an obscure or indefinite abdominal pain, and especially of a pain in the loin, making a careful microscopic examination of the centrifugalized urine. Renal calculi sometimes cause only mild, irregular pains, and the finding of a few red blood cells in the urine may be the first clue to their presence.

Unexplained septic temperature in an infant should lead to the search for a hidden osteomyelitic focus—especially in the upper end of the femur.

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THE RELATION AND ATTITUDE OF THE PUBLIC TO, AND THE OBLIGATION OF THE PHYSICIAN IN THE DEVELOPMENT AND SPREAD OF COMMUNICABLE DISEASES.*

By Philip Marvel, M. D.,
Atlantic City, N. J.

The discussion of this subject at once separates itself into two more or less distinct divisions, either of which, when carefully studied, emphasizes the existence of relations which make them difficult of separate consideration, and, in discussing the same, my object is more to furnish topics for your consideration than to follow either to their final conclusions.

Viewed from a professional point of view, physicians are as distinctly different in their education and daily associations in practice, from the non-professional public, as though the State, and not the practitioner, had elected the vocation and assigned the duty. Hence, in determining the causes and development of diseases, and in the provisions for their control and extermination, and also in their councils, as in the direction of those affected and entrusted to their care, physicians have truly been given a responsibility no less great than the obligation they assume. Therefore, in their efforts to advance the problems of hygiene and sanitary science, and thus lessen the multiplicity of diseases, it becomes their duty, as well as their privilege, in so far as is consistent, to oppose the growing tendencies of the commercial and political interests that obstruct and interfere with measures instituted by the profession for the restoration and protection of public health. Moreover, in considering the relation of the people to the development and spread of communicable diseases, it matters little whether opposition be exerted through the defeat of measures designed for the furtherance of the protection of the public against disease, or whether through the people's laxity in seizing their opportunities to avail themselves of a knowledge of how to avoid and prevent its development and transference; or whether through specific influences or gross neglect of either the profession or the public in not having properly guarded the individual or the community against its invasion, the spirit and attitude present are the same, and thus the people, without definite intention, become antagonistic to their own best interests, and partisans in the various propaganda instituted for the purpose of retarding and destroying the movements that in any way directly or indirectly oppose the great industrial and political interests. And too often legislative measures that are offered with the best of motives, and pressed with an honest and unselfish desire to meet the sanitary requirements, which have been forced on the locality by accidents or unavoidable circumstances, are defeated, purely as the result of prejudicial influences instigated by industrial and political policies. Therefore, it is not so difficult to understand the ease with which the common interests of a community may be pledged and subsequently used to serve such selfish and even vicious ends, when a little forecasting of the future reveals evidence of far greater personal and community benefits.

It is true the public, like the individual, is at all times subject to criticism incidental

*Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 29, 1910

to conditions as they arise, and often receives censure when through neglect or wilful indifference scant consideration is given to the people of the community in which disturbed conditions or diseases occur, but even so, in all questions involving the public health of any municipality, State or nation, the voice of the people should always be in favor, not only of the "greatest protection to the greatest number," but should be unanimous in a determined effort to establish such protection as will insure the greatest good to the greatest number concerned.

Because of the limited time allotted for this discussion, I must dismiss that part of my subject which deals with the more general relations of public interests, and dwell more particularly on its attitude toward the cause and development of certain diseases, which attitude is only too well and too generally known to be strongly antagonistic to the establishment of sufficient prohibitory restrictions to insure protection against these diseases.

Were I asked to name the most important factors involved in promoting the influences which are responsible for the present situation, I would unhesitatingly state that they are principally three, viz.: First, commercial interests which too often disregard the rights and privileges of others, save those that contribute most to the object to be obtained; second, ignorance or insufficient knowledge by the public relating to the cause and development of diseases and of the laws of hygiene and sanitary science; and, third, the indifference and jealousies of members of our profession, whose lack of proper appreciation of the scope of the work comprehended, or whose personal indifference to its importance, prevents them from harmonious co-operation in the prosecution of the great health propaganda, as it is today being assisted by so many and by so great a number of educational agencies. It is true that the above references do not include all of the factors active in opposing this great educational movement, but they emphasize and place the responsibility on those most conspicuous in their efforts to destroy the same.

Once the great public is sufficiently aroused to comprehend and appreciate its own in this great question, little will be required to assist it in possessing the same. Its relation is, and should be, one of individual and general interest; its attitude, unfortunately, is one of suspicion and more or less of antagonism against both individual and community interests. Therefore it is with a view of interesting this society in a broader discussion of the different phases of the subject, as it relates to the public and its attitude, and that of the physician in general sanitary problems, that I am induced to present this paper, hoping thereby to introduce, through its discussion many points which are impossible to be included in a paper for which the time allotted is so brief.

Much criticism, and some discredit, has naturally followed failure of medical legislation in our State, as in many other States, but it would be unreasonable to expect other results under existing circumstances. No one should be expected to act, in matters concerning health problems, beyond the opportunities afforded for enlightenment on the subject, and no one should expect a community to be wiser and farther seeing in these questions than those directly charged with the problems involved, and in so far as the profession neglects its opportunity with respect to these questions, it is in part responsible for the failures which it meets. To acquaint the populace with the benefits and dangers alike, arising from preventive medicine, or its neglect, is to create a strong sentiment in favor of all efforts, medical and otherwise, directed toward the advancement and support of hygiene and sanitary science. Whilst the attitude of the public is not to be condoned, in a measure it is to be excused, first, because of the insufficient knowledge of the subjects involved, and of the laws governing them, and second, because of the advantage too often taken by their legislative representatives who, not infrequently, are no better informed than they themselves are, and who sometimes use their offices, whether elective or appointive, to more especially serve commercial and political interests, to the great detriment of community benefits to which the people are justly entitled; and, again, too much must not be expected of a people or their representatives with respect to purely scientific questions, when their knowledge of benefits by preventive medicine is far overshadowed by inducements of much better understood and apparently more readily available results, through service to commercial and allied interests, particularly when the inducement of future possibilities in health legislation, is less well understood, and thereby less inducive than the more promising demands of rewards of commercial and political services; and these facts

make it obvious that when such is the case, demands for just consideration of health problems, will sooner of later occasion a clash at some point with the industrial interests.

There are, have been, and always will be, interdependent instances in which these interests are inseparable, thus an honorable reason why each should respect the rights of the other, and a most imperative reason for careful and logical direction of both.

At no time in the history of civilization have there been so many well-directed educational measures introduced by professional, State and medical crafts, for the uplift of the people, as exist to-day, and were the public thoroughly informed with relation to the etiology, the propagation and the instrumentality of the spread of disease, no political antagonisms, industrial or cult oppositions, could in the least deflect these multiple forces from attaining the results toward which their efforts tend, and these facts make it easy of inference that, in so far as we neglect our opportunity to contribute our part in the education of the public in the essentials of how to live, and how to protect themselves and others against the invasion of diseases; in how to relieve the community in which they live of known causes of infection already present, and support measures against those that are likely to invade their territory, the profession is, in a measure at least, logically responsible by their neglect for the ills that follow and for the industrial disturbances and economic losses that are the consequent result, and invite well-deserved criticism for the present, and unstinted censure for the future.

In passing from the question of the attitude of the public toward health problems, as evidenced by various organized interests, to that of the obligation of the physician in the community in which he lives, and as well, to the State and to the government that legalizes his right to practice his profession, and protects him in his services to the people, we approach what is by no means a minor division of the subject under discussion, and until each county, and each individual in each county and State, has been made acquainted, in some way, with the necessity for pure food, pure drugs, and health laws, as well as the right for the existence of Boards of Health, their purpose, and the great protection vouchsafed to the people by them, when properly administered, our profession cannot claim to have done its duty, or to have canceled this part of its obligation.

The admission that the practice of medicine in the past has been more or less a conjoined effort of science and empiricism, in no wise excuses the indifferent and the self-satisfied physician, nor stultifies the progressive scientist in his efforts to advance medical education along the broadest and most humane basis within the possibilities afforded, and to obtain the latter, all questions involving sanitary and medical sciences, should no more be entrusted wholly to political manipulators, than should the tariff or any other question of economics be left to the silly cogitations of a primary class in a public school, where the latter, in the majority of cases, will give as much consideration to the benefits to be derived, as the former will give to the strictly health obligations in medical legislation, as now presented, except in so far as the latter may directly or indirectly concern the commercial or governmental interests with which they are allied.

That such a situation is not only indefensibly wrong, but absolutely demoralizing to both the people who create the policy, and permit its prosecution, and to the profession, who constantly labor to right the wrongs and relieve the ills of those in whose interests too often many of these laborers fall, is now being exhibited in the exploitations of some of the industrial organizations under the guise of a "medical freedom" bureau, chartered by this State, the declared purpose of which is to destroy the so-called "medical trust" (meaning the American Medical Association), which, in fact, is no more than an assumption of a condition, falsely stated to exist, and used to ally public sympathy and assistance with various agencies operating under organized direction, the moral obligations of which end where personal interests and commercial practices begin. But the policy of our great national organization is too well known, its labors too well appreciated, and its future plans too well formulated and in hand for this or any other campaign of false endeavor and mercenary interests to long delude and misguide the people, and it is to the support and assistance in these plans that our constant service is needed.

Whilst the plans formulated will be directed by bureaus, councils and organized committees, there remains a personal obligation to be discharged, and an important individual assistance required, without which the efforts and influence of our State and national societies will be no more

effectual in future medical legislation in sanitary and medical provisions than they have been in the past, and a personal obligation and individual effort will be required to assist in illuminating the educational, rather than the political phases of the questions. Conclusions drawn from past methods, authorized by different State societies, force me to the presumption that it will matter little how skillfully plans are laid, how well the forces are organized, or how carefully provisions are supported, unless the people whose interests it is our purpose to serve, truly understand the relative nature of the measures and the facts involved, there will be no more likelihood of attaining the end and purpose sought than were the object desired only a selfish demand through an organized appeal. Where personal interests are suspected, absence of knowledge of the measures in question but aids the enemy best, when the purpose desired is least well known to those whom it is intended to serve. I would, therefore, counsel this society that greater consideration be *given educational problems* that intimately concern the public and the profession, and that *much less time and money be devoted to the more political and less promising,* and less consistent work of the society.

If the majority of the public, and some of the profession, spurn or neglect their opportunity after having knowledge brought to their door and thereby refuse both kuowledge and relief, there will at least remain the consolation that, in the failure to reach the whole, the influence of the effort through the knowledge obtained of the number benefited, will leave a living evidence of the truth and of the purpose sought. Disappointments are mere incidents along life's roadway, and the less consideration we give them the fewer discouragements we will have to record.

Thus, having introduced some of the immediate claims on the obligation with which the physician is charged, I will devote the remainder of the time allotted to practical suggestions for the removal of some of the common nuisances and active causes in the development and spread of the more common and well known communicable diseases. In doing this, I shall confine myself more particularly to the well known, yet representative types, as observed in typhoid fever, tuberculosis, dysentery and malaria.

Recent publications of scientific discoveries have placed within the reach of every physician a far greater knowledge of determined causes of many of these diseases than hitherto was known, and has made it possible for all to have a more definite knowledge respecting the same; but here, again, I must depend largely on those who may discuss this portion of the subject, for a fuller consideration of the subject with references to the carriers, modus operandi and methods involved, to supply omissions that time will not permit me to cover.

Doubtless there are few who question that the microbe-laden dust which so freely floats in the air we breathe, constantly constitutes one of the great menaces to life, and, questionable as it may appear, the teaching of to-day forces us to accept the fact that practically few infants are born with inherited disease, and that even tuberculosis, that most dreaded plague, has its installation in a very large number of children whilst they are permitted to creep and innocently amuse themselves on unclean, filthy and bacteria-laden floors. Moreover, considered from the point of the composition of the dust-laden air, the wonder is that a greater number of ills and more serious results do not follow; however, this latter is more or less dependent on locality and environment, both of which are much concerned in the pollution of the atmosphere. But we can no more escape the dust in the air we breathe, the dirt in the food we eat, and both in the liquid we drink, than we can exist without air and food; therefore we must learn our great lesson from the facts revealed in the heterogeneous bodies, animal excreta, dessicated sputum, and the varieties of disease-producing germs observed by the investigations of various State and national Boards of Health in the various atmospheres examined, and if this knowledge is insufficient to arouse a greater interest in the average physician in the endeavor to protect his locality from such evils, in so far as it lies within his power, then knowledge is without the proper influence on that particular member of the profession, and his retirement, rather than his continuance in active practice, will much more assist the work in hand than retard it, and when the public is sufficiently acquainted with the situation at large, it will not be in the least embarrassed to so inform the indifferent practitioner. Epidemiologic studies of various communicable diseases have further added to our knowledge of the spread of the disease by both animate and inanimate car-

riers, and whilst the mode of transference of disease-bearing microbic organisms to a potential host is not known to be endowed with sufficient mobility as to be capable within themselves of active migration, they are easily transferred through various instrumentalities (as by inhalation, ingestion or inoculation) and thus find a pathologic lodgment in the individual.

Many crawling, creeping and flying insects, with which higher life is likely to be brought into relatively close contact, are extremely active in the spread of the typhoid, tubercular and other similar types of disease; yet this important group of insect life in no wise covers the complete list of the animate conveyers of communicable diseases; but they do bear a most responsible relation in the transference of a goodly number. Other carriers, as the rat and the flea, in disseminating the plague, the cow and a variety of other animals in the spread of tuberculosis, the cat and the dog in the transference of diphtheria, fowls and pigs in disseminating the hookworm, the buzzard and other necrophagous birds in conveying anthrax through the agency of the soil, and man, himself, is not exempt from being the direct transfer agent of many infections to other human hosts. Therefore, emphasis is most important against laying too much stress on mere disinfection of either the premises in which the illness occurred or of the individual in whom the infection is found, as this cannot assure protection or immunity to those exposed to transfer agencies when there remains a potential force of pathogenic organisms within a near-by locality, where limitation and control of animate or atmospheric carriers are neglected.

In tuberculosis, as in other readily disseminated bacterial diseases, the extermination of the house fly must be given strict attention, for the reason that its habits are so closely associated with many forms of filth, pathological discharges, putrid bodies, decaying fruits and vegetables, bacteria-laden sputum and other readily transferable microbic forms, such as may be taken up through contact and mastication. At all times they are most certain to be similarly unclean, carrying contaminating particles on their bodies and, especially on their limbs, which are more or less continually covered from their gatherings during their ambulatory search for food, as is also true of their excreta, in which has been found an enormous number of organisms that are pathogenic to man.

Few, if any, objects with which flies come in contact, are free from contamination, whether water, milk, bread, meat, or other food stuffs; the air in which they travel, as well as any solid body with which they rest in contact, may become a transfer agent of the bacteria deposited by them. No one can perform the simple experiment of collecting flies from the sickroom, the butcher shop, or kitchen of the average home, where slight effort is made to refuse them entrance, in a dish containing a solid culture medium and note, after cultivation, the varieties in the colonies of bacteria marking the areas traversed by the prisoners enclosed, and avoid the feeling of astonished appreciation of the importance of this and other forms of creeping insect life in the spread of communicable disease. In the mosquito, we have a very different mode of transference of bacterial causes of disease; the causative factor being bacteria or protozoa which first finds lodgment in the special insect life, as in the astigmya and anopholes, thus advancing its life cycle to complete the same in man, as is manifested in the development of yellow fever and malaria.

There can be no more striking example of the dangers of communicable disease, viewed from the standpoint of the numbers attacked and the percentage of deaths that follow, than is to be noted in typhoid fever, tuberculosis and pneumonia, yet an epidemic of any one of the more active contagions, as diphtheria, scarlet fever, smallpox, cerebro-spinal meningitis, etc., excites much graver comment, and much more decided community interests than either of the three above mentioned diseases, or, in fact, all of them, considered together; but this is the case, and seems likely to remain so, unless some very startling and novel way is instituted by which the public can become awakened to the consideration of the great depopulating and death dealing monster, active in these three giant infections, and associate itself not so much in the relieving effort, as in the preventive movement against the further growth and dissemination of their insidious but active causes. It is a reflection on both our profession and the public that this scourge of the twentieth century is permitted to blot the pages of an oherwise remarkable history, of a remarkable people, and not one of us can escape the stigma of neglected duty—a labor incompleted and improperly done—till we have used our best endeavor to condone the past by restricting the further develop-

ment of these diseases and prohibiting their continuance in the future.

It is a disgrace to us, as a people, that about three hundred and fifty thousand of our national population are permitted to become afflicted with typhoid fever yearly, with a loss by death of about one-ninth of those attacked, or more than 35,000, whilst more than a million and a quarter of tubercular cases are constantly seeking relief, and at least one-eighth as many contract pneumonia. Think what an army, enlisted in the defense of their own health! And how unconcerned most of us, as well as the great and indifferent public, are to the ever-sweeping swath of death's uncontrolled reaper! !

Then does it not appear that both typhoid fever and pneumonia are deserving of a national congress, similarly conducted, with the same plan and scope as the National Congress on Tuberculosis? Neither physician nor layman questions the need of the latter, and I dare state that few, if any, who are acquainted with the facts, can ask or hope for anything less, and it does seem that, with any movement less demanding, our efforts to arouse anything like a proper interest in prosecuting measures for the prevention of these diseases will only fail, as they have many times done before. I, therefore, recommend that the Scientific Committee of this society so arrange its program for our next meeting that there shall be at least a symposium on the prophylaxis of both typhoid fever and pneumonia, occurring on succeeding days, and that the public be invited to attend at least one session, for which a program shall be prepared accordingly. It is my firm belief that these infections will continue with little variation until the public are properly awakened and enlightened with refernce to their individual protection and to their duty.

Reference to the recent investigations of a few thousand cases of pellagra, confined mostly to the Southern States, is an example of the possibility of arousing the people when the subject presented to them is properly elucidated, and this argues much in favor of what an awakening may be aroused even with old diseases reviewed in novel form. Much better and more effective work in preventing the development and spread of these and other communicable diseases may be accomplished if the profession and Boards of Health work more harmoniously together in prosecuting measures required for the arrest and stamping out of possible conditions inviting disease development. Indeed, when an intelligent union of forces, of the people, of Boards of Health, and a united profession of science and medicine shall be effected, all working in unison to the one end, epidemics will then be as rare as smallpox plagues now, compared with pre-vaccine days; and there can be no difference of opinion with reference to the fact that the physician who prevents disease from visiting a community, performs a far greater and more valuable service to the people therein than he who assists in relieving them of the disturbance and distress incidental to its visitation. To most nearly accomplish this, at the present time, officers of Boards of Health should be named by the county and State medical societies, respectively, for municipal and State duties, and if gubernatorial sanction be required, then the number nominated should be large enough to insure a proper and capable selection, and they should inform themselves as to the nature and causes of all communicable diseases likely to visit their immediate localities, and acquaint themselves with the most scientific and ready means for eliminating and preventing the spread of contagions and infections; and, also, as to the best employment of the most rational and common sense methods of prosecuting the above measures, in the event that exercise of said measures should be required. No officer of any Board of Health can be considered efficient who fails in any of the above recommendations, and not until such officers in authority keep their respective committees qualified in the preliminary measures and methods of preventive diseases—qualified with respect to the advantages of meeting epidemic demands in their communities—and alert and willing to prosecute all reasonable measures in the prevention of epidemic contagions, will he have measured up to the full requirement of his office.

There can be no question but that the ideal health officer should devote his whole time to the work of his office and should be compensated accordingly; and it is largely the fault of the incumbent in office that he divides both his time and salary with the public by whom he is employed. An appreciation of the importance of the office by both the incumbent and the public, would surely lead to an adjustment of matters that would eventually work to the greater advantage of both.

Practicing physicians, as a body, are not to be depended on for safe advice in pro-

phylactic measures either during, or when an epidemic is threatening; some are insufficiently informed, others indifferent and will not give the time, while still others are too ignorant of the subject to appreciate either the necessity or the methods necessary for protection, and in simple faith, which has no greater reason for its existence than ignorance of the underlying principles of parasitic disease, continue giving drugs with the hope of killing the germs of which they have heard, but of which they have as slight a knowledge as they have of the heavenly bodies that illuminate the "milky way."

The health officer should see to it that every physician in his district is informed with refernce to proper disinfectants, practical methods of their use, and, above all, the knowledge that they are capable and willing to give them intelligent use. It is true that many will not require instruction, or any assistance in the particulars, but so long as a part do, he should inform himself with reference to all, for in no epidemic demand can he otherwise know the weak and the strong links in the chain of his support.

And, further, greater attention should be given to the inspection of public schools, private academies, colleges, and all large aggregations of people, where the circumstances directing their lives and vocation make it necessary for them to be associated in close communication for several hours during the day.

Prohibitive disease means diligence, care, and knowledge on the part of the inspector, and a fearless exercise of authority, in many cases, to obtain it. Many industrial organizations, assurance companies and commercial clubs have in recent years realized the importance of exercising a healthy protection over their officers, members and laborers, by employing a medical attendant whose office is both to inspect and furnish knowledge concerning all ordinary diseases involved.

There can be no security against the visitation of an epidemic and other forms of communicable diseases in small villages and outlying country districts, that are at all thickly inhabited, unless the sewage and soil wells are properly cared for. Any amount of care and labor may be expended on the water and food supplies; in cleaning up other forms of filth, e. g., vegetable and animal decay, but if this one condition remains unprovided for, two great sources of possible infection remain, viz., directly through flies, and, indirectly, through the soil, by filtration into the water supply. Therefore, no home, farm or tenement, should be allowed to continue indifferent or negligent of proper handling and disposing of human excreta, by properly arranged sanitary privies and sewage wells, where the excreta can and will be disinfected before being disposed of. No practice is more dangerous and reprehensible than the use of open privies or water closets, from which the fowls, pigs, dogs, cats, flies, etc., may carry not only the filth but disease to the local water supply and, by the latter, to the milk supply and, by direct contact, to the soil and the atmosphere, whence thrice fortunate is he who continues to escape.

DISCUSSION.

Dr. Alexander Marcy, Jr., Riverton, opened the discussion on this paper. He said that he heartily endorsed all that Dr. Marvel had said regarding the necessity of education and the more intelligent application of preventive measures. He thought that there could be no question regarding the active opposition of commercial interests to the effective application of preventive measures for the protection of the people, these interests being devoid of conscience and actuated entirely by selfish motives. That there is indifference on the part of the people regarding such matters, he also thought was evident; but he considered this indifference largely due to ignorance, and said that one of the highest duties of the medical profession is to educate them in such matters. This can be and is being done through the various medical societies, national, State and county; but in each community the doctor owes it to himself, as well as to his patients, to seek to instruct them in everything that is for their best and highest welfare.

That the National Government owes something to the people along this line, he thought was conceded by all fair-minded persons. Therefore the efforts being made to create a National Department of Health should have the hearty support of every medical man, and be demanded by the people themselves. The State and the municipality also owes something, and this will be demanded as soon as educational efforts have advanced to a point where the great masses of the citizens are enlightened in regard to the facts as they exist. In New Jersey, there is a great opportunity for preventive medicine, and Dr. Marcy said that the State Medical Society would not be true to its traditions if it did not take an active, if not a leading part in this work. In this State there is needed a Health Department presided over by a Commissioner of Health, who shall be charged with the duty of safeguarding the lives of her citizens. There should be an Advisory Board of qualified men to assist him in this work. In every municipality there should be a capable health officer, appointed by and responsible to this board, whose duties and compensation should be defined and fixed by this central body. Large appropriations should be made for this purpose,

and partizan politics should have no part in either the selection of, or the dictation of the policy of the Commissioner of Health and his advisers. In order to establish such conditions the members of our profession must sacrifice personal ambition if necessary for the public good, and must devote more time to civic duty. They must send more medical men to the Legislature and, in season and out, must Educate, Educate, Educate.

DR. W. BLAIR STEWART, Atlantic City, said that in the comparatively short period of time during which the medical profession had been letting the public into the secrets of matters medical, giant strides had been made. Much of the mystery of handling and preventing diseases of a contagious type was not, until in recent years, either public or professional knowledge. Now that we are better informed, although not perfectly by any means, upon the prevention and spread of contagious troubles, it becomes the duty of every physician to disseminate knowledge to his patients and the public at large in his community. People are open to conviction on all subjects that strike near home, and their attitude is usually one of receptivity. This is particularly true among educated citizens; but when dealing with the illiterate classes, one is usually met with a protest upon the ground of interference with what they call their personal liberty. Tradition in these matters must be diplomatically and firmly overcome, and the newer teachings of modern medicine must be communicated with the greatest tact.

Among the regular practitioners, the osteopath, the Christian Scientist, the Faith Curest, and the "old granny" teachings of tradition, the poor public is "between the devil and the deep sea;" and matters are so complicated that it is almost impossible to persuade them that you, and not they, are right. It requires a new education, direct, through proper public meetings, through the lay press and magazines, through the pulpit, and by any other avenue suited to the individual community. We should remember that the public can be led but not driven. The local medical societies should devote less time to politics, and more time to studying conditions at home and the betterment of town and people; to devising ways and means of eradicating the influences at work that make people careless, indifferent and neglectful of the health of themselves and their families.

The public must never be alarmed nor thrown into a panic, upon the development of contagious trouble; but should be quietly and firmly given to understand the underlying principles for its eradication. They must be dealt with in primary language, and led by the overwhelming force of brains and a strict enforcement of law, if necessary.

Local boards of health, usually composed of laymen, should pull together with the medical profession. There should be a greater freedom of communication between them, and more mutual respect than is usually the case. If both adopted the receptive and helpful spirit, instead of the combative and critical, much could be accomplished. Dr. Stewart thought it unjust for the profession to criticise local methods of lay boards until they had first satisfied themselves that the members of these boards were thoroughly instructed and informed, and until every effort and influence had been used to bring about better conditions. He thought that a little time and patience would soon create a better understanding and an improved attitude toward each other.

More time and care should be devoted by teachers, physicians and nurses to the betterment of the children in the public schools. Principles of cleanliness, neatness, personal hygiene, and proper living should be instilled into the minds of the rising generation. Proper, but careful, instruction upon sex hygiene should be given to the older children by competent teachers and at appropriate times. In this way, a proper attitude of lay and professional minds would ultimately be attained.

In regard to the tremendous death-rate among infants, the average lay mind, said Dr. Stewart, does not appreciate what can be done by a little good common sense, backed by proper action. This problem of wanton infant mortality becomes so appalling that a society of laymen and physicians has been organized to aid in the dissemination of proper knowledge upon the care of children, infant feeding and hygiene (the American Association for the Study and Prevention of Infant Mortality).

The influence of "Pure Food" laws is now so apparent that people are wondering why they submitted for so many years to the service of inferior and unwholesome foods.

Wide publicity has been given to the excellent work that has been done by professional men, backed by the United States Government forces, to limit and eradicate yellow fever. Much yet remains to be done to bring future work under more systematic management. The movement to establish a National Department of Health, with representation in the Cabinet, at Washington, D. C., was temporarily put to sleep by the recent Congressional committees, all on account of petty jealousies on the part of Government service officials, whose power might be curtailed; but it was also due to the great lethargy on the part of the various State medical societies, in not bringing proper influence to bear upon their respective national legislators. It seemed to Dr. Stewart that one of the foremost duties of the Medical Society of New Jersey should be to use her strongest influence with her legislators, and to stir up every county society upon the subject, so that the old State should make herself heard from one end of the continent to the other. He knew of no more telling means of bringing the public at large and the profession together to agree upon the final campaign for the eradication of contagious or communiccable diseases, and for the upbuilding of the American race, than by the enactment of this piece of national legislation.

DR. THEODORE F. LIVENGOOD, of Elizabeth, said that in his opinion Dr. Marvel's paper was one of the most opportune that had been heard at this meeting. About ten years ago the late President Grover Cleveland, in an address delivered to the New York State Medical Society, expressed his delight with the great and rapid progress the medical profession had made during the 19th century; regarding that century as an era in the history of medicine, but, said he, "it is deplorable that our best friends, the physicians, are always working

under the cloak of mystery. They do not reciprocate the complete confidence the people have always given them. Instead of writing their prescriptions in the language of the country they write them in Latin. Is this not enough to make people suspicious?"

Dr. Livengood said, of course Mr. Cleveland's question could have been answered by any one of the hundreds of physicians then present, but it was not answered, and the public was left to infer from the press reports that it could not be answered without detriment to the medical profession.

It did not occur to a highly educated, keenly sagacious, broad minded man as was Mr. Cleveland—as it does not occur to hundreds of other equally well educated, clever men—that Latin is the universal language of the medical profession. Educated as he was, he had not recognized the fact that an American physician who may not know a single word of French, can write and have compounded a prescription anywhere in France, and without knowledge of German or Russian can do the same thing in Berlin or in Moscow.

The medical profession, working in a field with essential correlative annexes, the largest, most intricate, most interesting and most vital in the world, has been so absorbed in its labors that he has neglected to give the people information to which they were justly entitled, and the public most properly resented this indifference, while all over the country, political demagogues and avaricious mountebanks were able to use well meaning but misguided people as tools to block salutary legislation.

Unmindful of this condition, sure of their own laudable motives and trustful of their own beneficent purposes, the committee on legislation were amazed when a bill sustaining our high standard of education was strenuously opposed by people from whom the committee assumed it would have unqualified support. Unfortunately the people were led by wrong information to oppose something intended for their own benefit.

Dr. Livengood thought the county societies had been culpably negligent in not long ago making an effort to keep the public in touch concerning matters of sanitary legislation instead of permitting the matter to be handled by magazine writers and press correspondents. He thought the time ripe for the county societies, all of which come in intimate touch with physicians as individuals and thus directly with the people, to act in this matter of public education. When the public are once aware of our altruistic aims and purposes they will insist that men who favor a high standard of medical education, who sanction all measures to prevent and to cure diseases and who believe that physicians as a body are trying their utmost, with motives pure and unselfish, to promote the health and longevity of our race, shall be our law-makers; and then, and not until then, will the problems of legislation which all philanthropists so much desire, be solved.

Dr. Henry Chavanne, Salem, remarked that in the Declaration of Independence it is stated that just government is by the consent of the governed, and that some one, on reading this, had said: "It beats thunder how much the governed consent to." The view Dr. Chavanne took was that, while preventive medicine is needed, there is also needed a knowledge of what immunity means, and why legislation sufficient to protect the population cannot be obtained. Conditions of the ragged edges and some sections in cities at the present day are such as to call for the greatest condemnation. They are hotbeds of disease, and one should take into consideration that this disease may extend to other communities and localities. Nevertheless, to illustrate, the legislators are doing nothing to improve these conditions. The section of Philadelphia called Southwark, for instance, where Dr. Chavanne was brought up, and which used to be occupied by residences of the better class of mechanics, is now nothing but refuse, ashes, and everything that is vile. It is rarely inspected by the Board of Health. Even in Salem, conditions are not so much better. The law requires an inspector for the Board of Health to pass a certain examination, but the speaker knew instances of men who had been appointed by the State Board to serve in another locality with no more than a very rudimentary education. He thought it the duty of physicians to not only read papers before the society, but also see that the councilmen and legislators are men that will carry out the law. He commented favorably upon the way in which Atlantic City is governed, and the fact that one never hears of there being an epidemic in that community. He admitted, however, that commercial interest might have something to do with this, the business of the place being dependent upon its reputation as a health resort.

ADENOIDS AND THEIR INFLUENCE UPON THE MENTAL CONDITION OF THE PATIENT.*

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The purpose of this paper is to impress upon the profession the advisability of caring for cases of adenoids as early as possible, and, therefore, I shall not go into a lengthy description of the so well-known pathology of this condition, but shall try to emphasize the most important points bearing on the subject.

In the normal condition, the superior, posterior wall of the pharynx and just in back of the posterior pillars contain numerous lymphnodes which consist of lymph

*Read at the 144th annual meeting of the Medical Society of New Jersey, at Atlantic City' Jnue 29, 1910.

cells, imbedded in a mesh-work of fibrous tissue covered by ciliated columnar epithelium, the same forming crypts; this lymphoid tissue is most prominent and more numerous at the superior and posterior walls. As in all lymphoid tissues, the same is subject to hypertrophy on slight provocation, the lymphoid cells and their framework proliferate and form the so-called adenoids.

The consistency and shape of that hypertrophied tissue varies, depending greatly on which of the elements involved, the fibrous tissue or lymphoid cells, predominate. Some observers claim that the longer the condition exists the greater the consistency of the growth and vice versa, but this does not seem to hold good in all cases, as we find in some young children and infants the adenoids are of very firm character, and some patients where the adenoids have been of long standing the same may be of very soft and pliable nature.

As stated above, the mucous lining dips into the lymphoid tissue, forming crypts with a mucus secretion.

This is a brief outline of the pathology of this condition.

The etiology of adenoids is so vague and uncertain that I shall make no attempt to go into details of the same. One thing I believe is certain, that the acute exanthemata are the chief and most frequent cause of adenoids. Whether heredity is an important factor in producing the condition, I am not prepared to say, but that this condition may be congenital some good observers seem to agree upon. Pathological conditions of the anterior nares; they are, to my mind, more an effect than a cause of this condition.

In giving the symptoms, I shall first mention those that will draw the attention of the practitioner to the early stages of the disease, when, if the same is diagnosed and the condition relieved, it will save the patient all the ill consequences that I shall mention hereafter.

What we may notice in a case of recent origin and which is always fairly constant in these conditions, is a persistent thick discharge from the nose, or the same appearing at certain intervals, especially when the patient is exposed to sudden changes of temperature or dampness, and the mother as a rule thinks that the child caught cold and asks the physician to treat the patient for the same. It is always well to remember when dealing with these conditions that children are seldom subject to attacks of acute coryza.

The second symptom you will probably notice at this stage is the mouth breathing, restlessness and snoring during sleep, and in infants the nursing is frequently interrupted by the child's inability to breathe. Spasm of the glottis and convulsions in infants and young children always call for an investigation of the pharynx. In infants and young children the digital exploration of the pharynx is, to my mind, the best means of diagnosis.

The symptoms enumerated above are characteristic and may be found before other changes have taken place.

The consequences are: The growth in the pharynx, enlarging and pressing upon the eustachian tubes on one or both sides, rarifies the air in the tubes and middle ear, and produces a congestion in these cavities, retraction of the ear drum and a transudate of serum, which will probably become purulent in time and lead to chronic purulent middle ear disease, with considerable impairment of hearing. In some cases the ossicles may become ankylosed and permanently fixed. Impairment of hearing, therefore, will be one of the prominent symptoms of this condition.

The mouth-breathing will effect certain muscles and soft developing bones of the face, distorting them and giving the patient a dull, listless, almost idiotic physiognomy. The maxillary, frontal, ethmoidal and sphenoidal sinuses cease to develop. The pressure in the chamber and the rush of air through the mouth gives the palate a Gothic shape, the narrowing of the arches and shortening of the alveolar processes crowd and distort the teeth.

Elevation of the palate forces the septum of the nose to deviate from its medium perpendicular position and forms a permanent obstruction to the entrance of the air through the nose, followed by congestion and hypertrophic rhinitis; the obstruction of nasal respiration also produces certain changes in the thorax. The air is taken in through the mouth improperly heated and moistened, and as a consequence bronchitis, and sometimes asthma, is commonly found in these conditions.

There is also a change in the voice in these conditions which lacks the nasal intonation. There are a number of reflex symptoms accompanying this state too numerous to be mentioned.

This brings us down to the mental condition of the patient.

What a picture of a patient with the stig-

mata of degeneration is then presented, especially when the mental faculties are low; what a great field for the alienist to go into the family history of the patient, directly or indirectly, as to insanity, inebriety and idiocy, while all the poor patient is suffering from is adenoids.

It was stated by some observers that this condition of the so-called aprosexia is due to lymphatic stagnation of the base of the brain; that the lymph of the base of the brain communicates through minute foramina with the nose and that this condition of aprosexia is also present in large nasal polypi.

To my mind, the condition of aprosexia in these patients can be easily explained when we take into consideration the sum total of the symptoms enumerated above. We can readily see how the mental condition of the patient will be affected. In the first place the interference with proper oxygenation of the blood leads to anemia, and nourishing the brain with improper oxygenized blood, the constant restlessness of the child, the lack of wholesome sleep, leads to irritability, but one of the most potent factors in producing the mental impression is the interference with hearing.

The dull and listless expression of the child is due more to that effect than to the real distortion of the facial contour. The damage of this complication becomes greater the younger the child, and if this takes place before the child has learned to talk he may become a deaf mute.

Not only the sense of hearing but other senses are affected, as the sense of smell and taste, and you will see that a child has a very small sensory supply at hand in his mental development. As in idiocy, the slow development of the cerebral faculties is due to want of attention.

This spontaneous attention is caused by affective states brought into action by sensation, and that those young children are the most attentive whose nervous systems are most easily stimulated, hence the faculty of attention is closely related to the activity of the sensation. The greater the power of attention, the more intelligent does the individual become. The senses are avenues that lead to psychological development.

I have emphasized the early symptoms of this condition for if the same are recognized at that stage and relieved all the serious consequences can be avoided.

Adenoids as a rule become atrophied at puberty, but if left until that time an irreparable damage is done to the patient, for the best time of the mental development of the child has passed, the child being unable to develop his mind, handicapped by that condition, and the child of fifteen who had adenoids will probably mentally be equal to a child of five who was fortunate enough to be free of them.

What an enormous waste of time and energy, if we consider the numerous cases of adenoids found among our children. Just lately a medical inspection of schools was established in Jersey City, and I have tried to ascertain the mental condition of the children that have been excluded by the medical inspectors because they were suffering with adenoids.

Out of fifty cases in one school all the teachers and principals agreed that all those excluded were below the mental average at their respective ages, twenty of them were two years backward in their work and the others far below the average.

Summary—Aprosexia or mental deficiency is present in any of the children suffering with adenoids; aprosexia is a natural consequence of the symptoms produced by adenoids and only in the early diagnosis and radical treatment of this condition can this enemy of the normal intellectual development of our children be eradicated.

DISCUSSION.

Dr. Wells P. Eagleton, Newark, said that when he had been asked to open the discussion on this paper, he had not formulated in his mind definitely what was really accomplished by the removal of adenoids; therefore, within the last few days, he had endeavored to recall his cases of unusual mental development in children on whom he had operated during the last few years. He found that there were 461 cases of adenoids, all but 166 of which were associated with some operation on the tonsils or fauces. These cases were in the service of twelve men in the Eye and Ear Hospital in Newark. The results of their work for years past, and of his own, led him to the conclusion that the condition of lack of attention and concentration so frequently seen in mouth-breathers is entirely removed by the removal of the adenoids. A rather stupid child will almost immediately turn into a bright, alert one. All this improvement is not due to the restoration of the hearing in such cases. Dr. Eagleton thought that there was something else acting as a factor, but he had never been able to find out just what this other factor was. No explanation of an improved lymphatic or cerebral circulation had satisfied him. These young children of lymphatic tendency, bearing the stigmata of degeneration, with a high arch to the palate, thick lips, receding jaw, and a family history of syphilis and high living, suffer from extreme nervousness and lack of control. This makes them wilful. They are always in the better class of life; but, on account of their ex-

treme nervousness and irritability, they are intolerable.

The removal of the adenoids or of the enlarged tonsils, making them nose-breathers, instead of mouth-breathers, accomplishes the most brilliant results. It adds a tone to the nervous system that they had not before. The most satisfactory thing in Dr. Eagleton's experience had been the bettering of the disposition in these children.

Again, he said, in the conditions called choreal and epileptiform in children with slight facial tics (not true chorea, but merely choreal), the patients are frequently cured entirely by the removal of adenoids and enlarged tonsils; although sometimes they are not. The relief in these cases is permanent; but Dr. Eagleton had never seen in true chorea or epilepsy anything more than transient improvement resulting from this operation, which disappeared in a few months. He had, however, seen one patient suffering from an epileptiform condition, not epilepsy. The child would be sitting at the table, perhaps, when it would suddenly have a "spell" and look vacant; this would then pass, and it would go on eating. The removal of the adenoids entirely cured this child, although Dr. Eagleton said that he had not heard from its parents recently.

In congenital defects and mental deviation, little or nothing due to improvement in the mental condition is accomplished by this operation; but considerable in the removal of a handicap to the general development, which will always make impossible mental growth, even though this improvement be not enough to remove the children from the mentally deficient class. The striking results of operations on adenoids should not, however, make one over sanguine, although Dr. Eagleton had a reasonable experience. A child had been pronounced totally deaf, and a deaf-mute, but the mother insisted that it heard a little. On examination, Dr. Eagleton could not make up his mind whether it heard or not. It had, however, a large mass of adenoids and enlarged tonsils, and he removed them. This operation was followed by such improvement in the hearing that it learned to talk. It lived for three years, and talked with its fellows. It then died of pneumonia. Encouraged by this result, Dr. Eagleton subsequently operated on several deaf-mutes, but never again had a similar experience. Knowing that a very small amount of hearing in the proper tone area is a great aid to a child that is properly instructed, Dr. Eagleton made it a point to make very careful examinations. He knew of a child that had been sent to one of the deaf-and-dumb asylums, yet this child heard. The fact, however, had never been discovered, because the child's hearing had not been carefully tested. If there is a little hearing, this may be improved by the removal of adenoids and tonsils, and the child saved from a condition of isolation that often produces insanity, it being now known that many of the cases are secondary to some defect such as absolute deafness. Dr. Eagleton referred to a case recently reported in which the patient was referred to as the "genius" of such and such an asylum. On examining him, they found that he had lost his mental tone because of primary deafness. After the operation that gave him some hearing, he improved mentally. He did not learn to read or write, but developed artistic talent in drawing and carving. He had been made mentally deficient by a handicap that, if it had been recognized early enough, might have been removed; and he would have been saved from a great deal of misery. Dr. Eagleton had no doubt that if a careful search were made in asylums, such a condition would be discovered more frequently than is thought.

DR. NORTON L. WILSON, Elizabeth, said that in 1887, Guye, of Amsterdam, first described the condition to which he gave the name of aprosexia. His case was that of a boy of three, who had adenoid growths in his nasopharynx, and associated with this pathologic condition, there was inability to fix the attention upon a subject for any length of time. After a year of vain effort, it was found to be impossible to teach the child the first three letters of the alphabet. After the removal of the adenoid tissue, he learned the whole alphabet in one week.

Dr. Wilson stated that Packard mentions the case of a boy of nine years who had been a mouth-breather from infancy. His mother said that, though going to school regularly, he had never been able to learn how to read and write; and that he was still in the same grade in which he had been for several years. Within a few months after the removal of a very large adenoid mass, he made the most amazing advance in his studies, and was soon graded in the school with other children of his age.

Dr. Wilson said that it is a noticeable fact that adenoid growths are found in a large proportion of idiotic and backward children. He had, however, been rather inclined to attribute these growths to the mental condition rather than to regard them as the cause of the mental condition in idiocy. Most physicians have seen marked improvement in backward children after the removal of adenoid tissue. Dr. Wilson considered it important to remove these growths when they interfere with hearing, but he had never seen a child so deaf from this cause as to cause deaf-mutism.

The Danger of Nasal Sprays, and Douches.—The question of sprays in the nose is a very important one, more from their abuse than from their value. Sprays in the hands of patients should only be for cleansing purposes, unless for some special case and then only for a limited time and under the direct suervision of the doctor. In the office, sprays with various medicines contained are many times of value in special cases, i. e., astringents, oils or cleansing. The danger consists in the fact that when the nostril is not patulous, infected secretions are often forced into either the Eustachian tube or into some of the sinuses. This happens all too often and generally can be avoided. The same can be said also of nasal douches. They should never be used where there is obstruction of the nares unless used very gently, and then the patient must be instructed not to blow out but to draw back the solution into the pharynx. —F. Gurney Stubbs in The Office Practitioner.

Nasal obstruction is most commonly caused by acute rhinitis. It may also be caused by acute adenoiditis.

SULPHHEMOGLOBINEMIA, WITH A REPORT OF THE FIRST CASE IN AMERICA.*

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The case which we have to present to-day is of considerable interest for three reasons: it presents a very striking clinical picture; it is of exceptional interest from the standpoint of physiological chemistry; and, though we do not believe that it is the first case of the kind which has occurred in America, it is unquestionably the first one to have been diagnosed on this side of the Atlantic Ocean, and when it is published it will be the eighth case to have appeared in literature.

In order that the condition may be properly understood, a few words upon the normal and abnormal blood pigments are necessary. You all know that the red color of the blood is produced by the pigment oxyhemoglobin, and that the bluish tinge of venous blood is the result of an admixture of reduced hemoglobin. You further know that the action of various chemicals will produce various compounds of hemoglobin; that coal gas will cause a brilliant scarlet color from carboxyhemoglobin, that cyanides will produce a somewhat similar cyanhemoglobin, and finally that different drugs, as nitrites, potassium chlorate, and especially the coal tar antipyretics, acetanilid, phenacetin, sulphonal, and trional, if given in excessive doses, will cause the formation of the brown pigment, methemoglobin. Probably every physician of experience has been called to see at least one patient who has indulged too freely in one or another of the so-called harmless headache powders and has found a man, or more probably a woman, markedly cyanosed, but without signs of cardiac or pulmonary involvement. This condition of cyanosis in acetanilid poison was originally considered to be due to cardiac depression, but was soon found to be caused by a direct action of the drug upon the blood, transforming a portion of the red oxyhemoglobin into the brown methemoglobin, and thus markedly altering the patient's appearance.

The first case of the so-called idiopathic enterogenous cyanosis was discovered in 1902 by Stokvis[1], of Rotterdam. This author reported the case of a soldier who had suffered from chronic diarrhœa and cyanosis for five years. Though there was no history of his having taken any of the drugs which usually cause blood changes, large amounts of methemoglobin were found in the patient's blood. Talma[2], of Utrecht, the same year, found three similar cases and further showed that the abnormal pigment was entirely within the corpuscles, and was not to be found in the serum. In 1905 Van der Bergh and Gutterink[3], of Rotterdam, in a similar case, proved that their patient's blood contained an excess of nitrites, and as these are powerful methemoglobin-forming drugs, they believed that the condition of idiopathic methemoglobinemia was due to the absorption of nitrites from the diseased intestines, all of the cases having suffered from diarrhœa or dysentery.

At about the same time Van der Bergh[4] had the opportunity of observing the case of a young boy who, as a result of an old rectal stricture, had marked intestinal retention, and was also cyanosed. At first believing the case to be one of methemoglobinemia, he soon found that the characteristic absorption band in the red part of the spectrum was not quite typical of that of methemoglobin, and after diligent investigation he discovered that it in every way coincided with the purple pigment produced many years before in the laboratory by Claude Bernard and Hoppe-Seyler, by the action of sulphuretted hydrogen upon blood, and called by them sulphhemoglobin. The following year Van der Bergh briefly reported three similar cases of sulphhemoglobinemia, all occurring in women suffering from obstinate constipation. He was unable to find the origin of the sulphuretted hydrogen, but as all four cases recovered after systematic purgation, he believed the condition to be due to the absorption of an excess of sulphuretted hydrogen from the bowel.

In the fall of 1906, one of us (Clarke),

*Read by title before the Medical Society of the State of New Jersey, June 29, 1910. The patient was presented before the Society of Internal Medicine and the Roosevelt Hospital Alumni Association in New York in December, 1909.

†Since the presentation of this paper Dr. Clarke has moved to Utica, N. Y.

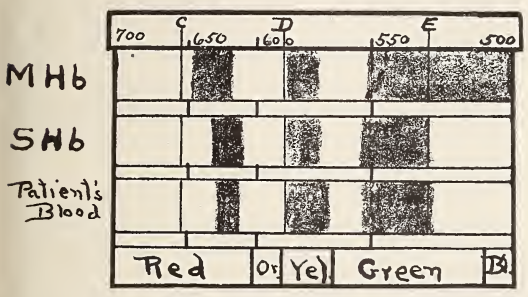
while working in the laboratory of chemical pathology in St. Bartholomew's Hospital in London, under Dr. Archibald Garrod, was asked to investigate a case which had been observed for a year and a half by Dr. Samuel West, and had puzzled many of the best clinicians of London, her blood having been reported by the professor of physiology of St. Bartholomew's, to contain methemoglobin, for which no explanation could be given. A search of the literature brought out the facts concerning idiopathic cyanoses, as given above, and a careful study of the patient demonstrated that the pigment in her blood was sulphhemoglobin and not methemoglobin. The case was, therefore, reported at the Royal Medico-Chirurgical Society by Dr. West and one of us[5] as the first English case of idiopathic sulphhemoglobinemia. Several months of careful investigation of the patient and of artificially made sulphhemoglobin failed to show the origin of the sulphuretted hydrogen which was having so powerful an effect upon the blood. The usual blood examination revealed nothing. The red cells were normal in number, and the leucocytes slightly low. The blood was sterile. The ethereal sulphates in the urine were not increased and there was no excess of indol. Careful examination of the stools failed to show any excess of sulphuretted hydrogen or an abnormal number of sulphuretted hydrogen-forming organisms. The only clue which was obtained was the discovery that the presence of a reducing agent, enabled the most minute traces of sulphuretted hydrogen to act upon blood, to form sulphhemoglobin, and the theory was suggested that the pathological condition might possibly be the absorption of some as yet undiscovered reducing agent from the bowel, which enabled a minute trace of sulphuretted hydrogen normally in the blood to combine with the hemoglobin and produce the violet pigment sulphhemoglobin[6]. This is purely theory and is supported by no clinical findings.

Within a week after the publication of this paper in the London *Lancet,* the author was invited by Dr. Russell, of the West London Hospital, to see a case of cyanosis which had been observed for seven years. This was at once shown to be another case of sulphhemoglobinemia[7]. A third English case has been discovered since and reported by W. Essex Wynter[8].

In the winter of 1908-1909, having returned from London to go on the staff of the Rockefeller Institute for Medical Research, one of us was invited to deliver an address before the Passaic County Medical Society, and chose for his subject, "The Rare Forms of Cyanosis, Polycythemia, Methemoglobinemia and Sulphhemoglobinemia."[9] A few months later, in September, 1909, the patient whom we now report made her appearance at the office of the other of us, who was present when this paper was read. The patient, a woman 24 years of age, had never been robust, having suffered from most of the ills to which woman is heir. A few days previously she had noticed that her lips had become blue and her color ashen, though she herself did not feel ill. She was somewhat weak and markedly constipated. Her appearance at that time was much as it is today. Her skin was of a steel blue, and her lips purple-black. The general appearance has been described as being cadaveric, or, better, as "of the ghastly hue seen in a person standing under the Cooper-Hewitt mercury light." This was so striking that on many occasions while going through the streets she was advised to go home at once, people believing that she was dying. Physical examination was, however, negative except for the remarkable discoloration of the entire body. The heart and lungs were practically normal. The patient was observed for some weeks, and as the ordinary blood examination failed to reveal any polycythemia or other abnormality to account for the condition, a tentative diagnosis of sulphhemoglobinemia was made and toward the end of November, 1909, the patient was sent to New York for consultation and a spectroscopic examination of the blood.

When seen at the Vanderbilt Clinic the patient presented the same characteristic appearance of deathly cyanosis, as did the two cases seen in London. The practical absence of all signs of impaired heart or lungs was confirmed and two cubic centimeters of blood were withdrawn from a vein in the arm. The blood, which was of a rich chocolate color, was shaken with twice its volume of distilled water in order to lake the corpuscles, and then filtered several times to remove all of the corpuscular remains and fibrin, and give a clear solution. This solution then being further diluted with distilled water was examined with a small pocket spectroscope and showed an intensely dark absorption band in the red portion of the spectrum, in the situation characteristic of the band of sulphhemoglobin. Artificial solutions of

sulphhemoglobin made by the passing of sulphuretted hydrogen through laked and diluted dog's blood and of methemoglobin by adding potassium ferrocyanide or sodium nitrite to similar blood were made for comparison. The methemoglobin solution,



when mixed with oxyhemoglobin, showed the two absorption bands of oxyhemoglobin in the yellow and green portions of the spectrum, and the characteristic methemoglobin band deep in the red much nearer the C than the D line. The artificial sulphhemoglobin showed also the bands in the yellow and green, and a band in the red, but not so far in the red as in the methemoglobin spectrum, the band being midway between the C and D lines. The patient's blood in a concentrated form showed complete obliteration of the oxyhemoglobin bands, and the presence of an exceptionally clearly defined band half way between C and D absolutely indistinguishable from that of the artificially made sulphhemoglobin. It having been shown that sulphhemoglobin and methemoglobin behave very differently when treated with weak ammonium sulphide, a drop of such a solution was added to all three specimens. The absorption band of methemoglobin disappeared instantly; that of the patient's blood and of the artificial sulphhemoglobin was unchanged. During the investigation on the first case in London, it was discovered that if carbon monoxide were passed through a specimen of sulphhemoglobin a new compound was produced called by us carboxysulphhemoglobin*, the spectrum of which closely resembled that of sulphhemoglobin, but with the band in the red slightly nearer the yellow. Methemoglobin treated with carbon monoxide produced no such spectrum[6]. Accordingly illuminating gas was allowed to bubble through a specimen of our patient's blood, and the characteristic spectrum of carboxysulphhemoglobin was produced. The ordinary examination of the blood showed nothing abnormal. There was a slight oligocythemia and a normal leucocyte count. Accurate hemoglobin estimation was impossible, the chocolate color of the blood making comparison with the standards out of the question.

Through the kindness of Dr. F. C. Wood the patient was admitted to St. Luke's Hospital and kept under observation for three weeks. Our findings were there confirmed. Careful bacteriological examinations and chemical analyses of the excreta, including the sulphur and nitrogen partition, made by Drs. Hans Zinsser and K. L. Vogel, confirmed the findings in the cases worked up in Rotterdam and London, but failed to throw any new light on the origin of the sulphhemoglobin. While in the hospital the patient, who was kept well purged, improved decidedly, but since her return home some difficulty has been found in keeping the bowels open, and the disease has remained stationary. From these findings it is evident that we have to deal with a case of idiopathic sulphhemoglobinemic cyanosis.

These two diseases. so much alike and still so easily differentiated—methemoglobinemia and sulphhemoglobinemia—are probably not common. On the other hand, we do not believe them to be as rare as at first sight they would appear to be. In every instance, when attention has been called to their existence, one or more cases have promptly made their appearance, and nearly every clinician of large experience to whom we have shown our case has remembered that at some time or other in his practice he has seen a case which, in looking back at it, he believes to have been one or the other of these two diseases. In making the diagnosis, two factors are necessary: the physician must know of the existence of the enterogenous cyanoses, and he must examine the blood with a spectroscope. This latter procedure may at first sight make it appear as though the diagnosis of the disease would lie solely in the hands of the expert laboratory technician. Such an idea is, however, a most decided misconception. A spectroscopic blood examination is in reality the simplest of procedures, and requires but little technical ability. The method is simplicity itself.

*After the publication of this report in 1907, it was learned that Angelo de Dominicis had previously reported the preparation of carboxy sulphhemoglobin. The credit of priority is willingly accorded to that investigator.

The blood is drawn from a vein, or if this is not allowed, a few drops from the finger or ear will usually suffice. It is immediately diluted with twice its volume of distilled water, before clotting has taken place, and is thoroughly shaken. After the fibrin has separated the solution is filtered several times through one filter paper and the clear solution is looked at through a spectroscope, a simple and inexpensive instrument. The solution is then diluted drop by drop with water, until the red color stands out clearly. If there is a black absorption band in the red, either methemoglobin or sulphhemoglobin is present. If such a band persists after the addition of a drop of dilute ammonium sulphide, the pigment is sulphhemoglobin; if it disappears it is methemoglobin. For a clinical examination nothing further is required.

The recognition of these diseases is of especial importance from the standpoint of prognosis. If undiagnosed, the patient's appearance suggests immediate dissolution; when recognized, a most hopeful prognosis as to life can be given, though the complete recovery may, as in the present case, be a matter of weeks or months.

As to the clinical picture, the single point of similarity between the two conditions is the cyanoses, due to a chemical change in the blood, and unaccompanied by dyspnea or other signs of cardiac or pulmonary disease. The methemoglobinemia cases have usually occurred in men, and have invariably been associated with a chronic enteritis. The sulphhemoglobinemia cases, with one exception, have been in women with marked constipation. The one exception was in a boy in whom a stricture of the rectum caused intestinal retention, but fluid stools. A characteristic of the methemoglobinemia cases was pointed out by Van der Bergh. If these patients are put on a strict milk diet, the cyanosis disappears within forty-eight hours, and all trace of methemoglobin leaves the blood. This improvement is, however, but temporary, as one full meal causes the reappearance of cyanosis in four hours and within twelve hours the clinical signs are again as intense as before. No such effect is produced by a milk diet in cases of sulphhemoglobinemia.

As to the etiology of the diseases, the origin of the sulphuretted hydrogen in the sulphhemoglobinemia cases is a complete mystery. The methemoglobin is considered to be caused by the absorption of nitrites from the intestines. In an article published by one of us a year ago[9], attention was called to the recent discoveries that the bacterial flora of the intestines are at times able to break up bismuth subnitrates, thus liberating nitrites[10], and the suggestion was made that, all of the cases of so-called idiopathic methemoglobinemia having occurred associated with chronic long-standing diarrhœa, possibly these patients had been receiving bismuth subnitrate over a long period of time, and the condition might really be one of chronic bismuth poisoning. No such explanation is as yet forthcoming as to sulphhemoglobinemia.

The contention of Gibson and Douglas, of Edinburgh, that methemoglobinemia is a colon bacillemia, being based on the examination of a few drops of blood taken from the patient's ear, and the observation being unconfirmed, the finding may safely be relegated to the class of technical errors.

Owing to the indefinite etiology of the disease, treatment is difficult. Inasmuch as obstinate constipation and disturbances of the digestive tract have been found common to most of the cases reported, purgatives would appear to be indicated, and such drugs, when effective, produce good results. The usual drugs which act upon the blood and circulation give no beneficial results other than would be expected from their general tonic properties. Intestinal antiseptics may be of some value. Betanaphthol and salol were used in the present case, and during the period of administration the patient improved considerably, losing much of the general cyanosis. From observations for over six months it appeared that rest in bed for weeks, with massage, purgatives, and intestinal antiseptics, gave the best results. Many varieties of diet have been tried in an experimental way but nothing of practical value has been learned thereby.

In the present paper we do not pretend to be reporting any new discoveries, or to be making any valuable addition to medical literature. The study of the present case has made no single advance in knowledge; it has merely confirmed what has previously been proved. The purpose of the paper is to put on record the first case of the kind to have been proven to have occurred in America, and to call the attention of the medical profession to the existence of a disease which as yet has received but little general recognition. We confidently believe that with a dissemination of knowledge of these diseases, many more will be recognized, and we sincerely hope that each case which is found will be studied with

care, with the hope of solving many of the mysteries which still befog our knowledge of the etiology of the idiopathic or enterogenous cyanoses.

Clinical History—In consideration of the rarity of this disease, and the many obscure points in its etiology, it has seemed admissible to append a full clinical history of the case. The following history is taken from the records made at St. Luke's Hospital during the patient's sojourn in that institution. For the use thereof we wish to express our thanks to Drs. Wood and Lambert of the visiting staff.

Miss E. H., aged 24, was admitted December 1, 1909, and discharged December 19, 1909. Case No. 79577. Diagnosis—Enterogenous Cyanosis (sulphhemoglobinemia) or Idiopathic Intracorpuscular Sulphhemoglobinemic Cyanosis of enterogenous origin.

Family History—The father, mother, two brothers and three sisters are living and well. One brother died at 10 years of age of dropsy, one sister died in infancy of marasmus. There is no history of tuberculosis, but there is a marked history of kidney disease on the father's side.

Personal History—The patient was a seven months' child. The general health was good up to 1900. She was a blue baby at birth and for the first six weeks of life. The habits are regular. She drinks no coffee, but 6 or 7 cups of tea each day. She does not use alcohol. For the past 9 years her appetite has been poor, but the digestion good. The bowels are constipated. Menstruation began at 16 and has always been irregular, painful and scanty.

Past Illnesses—The patient had measles, whooping cough, mumps and chickenpox in childhood. Up to 7 years of age she had considerable bronchial trouble and tonsilitis. In 1900 she had malaria with considerable anemia, and had recurrences of this disease every summer for six years. In 1902 she had glands removed from the neck, which the doctor said were tuberculous. In 1903, she had osteitis and periostitis of the left hand and in 1904 a similar condition in the nose. In 1905, she had appendicitis with appendectomy. In 1906, she had a long period of illness with profuse night sweats, severe abdominal pain, vomiting and great general weakness. The right shoulder, right elbow, right hip and right knee were swollen at different times with great purplish discoloration of the skin over the joints. There was also almost continual headache of a severe nature and occasionally periods of a low fever. In 1907, double oophorectomy was performed, following which the patient enjoyed fairly good health for a year. In 1908 she had very severe pains in the lower back. Since the first illness in 1900, the patient has been quite constipated. She has been under an anesthetic nine times in the past 7 years.

Present Illness—On August 20 and 21, 1909, the patient complained of feeling tired and weak and her friends joked her for being lazy. On August 22, she lay down for a nap and slept five hours, and on awakening noticed a bluish color of the skin. She did not grow weaker, but the bluish color became progressively deeper for a week, then remained stationary for about five weeks and then gradually cleared up almost entirely and remained so for three weeks. Then the skin again became gradually darker up to one week ago, since when it has gradually improved. (This last week represents the time since a definite diagnosis of sulphhemoglobinemia was made and systematic purgation instituted.) The patient has suffered no other symptoms but weakness, bluish discolorations of the skin and perhaps more marked constipation. The patient says that preceding each improvement she had had periods of severe vomiting lasting about twenty-four hours.

Physical Examination—The patient is a woman of slender frame, fairly well nourished and developed, not feeling at all ill despite a very marked cyanosis. There is no dyspnea or orthopnea as she lies in bed. Her skin looks smoky. Her mucous membranes are a dark purple. The fingers and toe nails show extreme cyanosis. Eyes: The right pupil is very slightly larger than the left. Both react sharply to light and accommodation. The bridge of the nose shows the healed scar of an operation; there is slight flattening. Mouth: The tongue is cyanotic and very slightly coated; the teeth are in good condition. Chest: The respiratory excursion is good. At the outer part of the right apex behind there is very slight dullness and increased slightly high pitched expiration and voice. The whispered voice carried through well. Elsewhere percussion is resonant. The breath sounds are of good quality and vesicular. No rales are heard. The heart: There is no dullness to the right of the sternum; the upper border is normal; the left border is four inches from the mid line; the apex is palpable in the fourth interspace in the nipple line, and is localized; there are no

thrills. The first sound at the apex is booming and accompanied by a short soft systolic murmur transmitted slightly to the left; the second sound is booming. At the base the aortic sounds are normal, the pulmonary second sound is a little accentuated. In the third and fourth spaces close to the sternum a much louder slightly reduplicated ringing sound is heard simultaneous with the basal second sound. No pericardial sounds are heard. The action is regular and of good force. The pulse is of good volume, soft, regular and with no increased tension. There is no thickening of the arterial wall. The abdomen: In the mid line below the umbilicus is the healed scar of a median laparotomy. There is a similar scar over the appendix region. The liver percusses from the free border to the sixth rib. The edge is not felt. The spleen is not felt. There is neither tenderness nor rigidity. No masses or fluid are made out. Extremities: The knee jerks are active; there is no clonus or Babinski sign. There is no edema or varicosities. On the dorsum of the left hand are two linear scars.

The urine is acid; the specific gravity is 1014; there is a trace of albumin; there is no sugar; there is no pus and no casts. The leucocyte count is 11,000, polymorphonuclear 72 per cent.; lymphocytes 28 per cent. The red blood count is 5,000,000. The hemoglobin is 70 per cent. (?).

December 9—Blood culture was negative.

1. Stokvis. Von Leyden's Festschrift, 1902. I. p. 597.
2. Talma. Berliner klinische Wochenschrift, 1902, XXXIX., 865.
3. Van der Bergh and Gutterink. Berliner klinische Wochenschrift, 1906, XLIII., p. 7.
4. Van der Bergh. Deutsche Archiv. fur klinische Medizin, 1905, LXXXIII., p. 86.
5. West and Clarke. Transactions of the Royal Medico-Chirurgical Society, 1907, p. also Lancet, 1907, I., p. 272.
6. Clarke and Hurtley. Journal of Physiology, 1907, XXXVI., p. 62.
7. Russell. Lancet, 1907, I., p. 659.
8. Wynter. Proceedings of the Royal Society of Medicine, 1908, Vol. I., Clin. Section, pp. 48 and 197.
9. Clarke. Medical Record, 1909, LXXVI., p. 143.
10. Beck. Journal of the American Medical Association, 1909, LII., p. 14.

Dr. Curts, 310 Broadway, Paterson, N. J.
Dr. Clarke, Utica, N. Y.

Discussions Omitted last Month.

The two items below were omitted, by mistake, from our November issue. The first was Dr. Marcy's closing remarks in the discussion of his paper on the Spontaneous Cure of Malignant Disease, which should have been inserted on page 285; the other was Dr. Dickinson's discussion of a case reported at the Hudson County Society meeting, reported on page 302.—Editor.

Dr. Marcy, in closing the discussion on his paper, said:

I think this case was unquestionably malignant. It was unfortunate that a section of the metastatic tumor was not studied under the microscope and inoculated into mice. Such work as this can only be satisfactorily done by the experimentalist, however, and in a properly equipped laboratory.

The diagnosis of malignant disease by the microscope alone is so much a question of the personal equation, that one might submit the same specimen to several microscopists and get several different opinions as to its malignancy, so that unless the microscopical study is associated with biologic investigation, inoculation, etc., it would shed but little light on the subject.

Personally, I am content in this case to rest the diagnosis on the clinical history, macroscopical appearances, unsuccessful specific treatment and metastasis, and to this latter I think we must attach the greatest importance.

At a meeting of the Hudson County Medical Society held October 4, 1910, in discussing one of the cases reported, Dr. Gordon K. Dickinson, of Jersey City, said:

I have been interested in one type of what might be termed "moving pathology." A surgeon sees pathology from a very different aspect than one who makes autopsies. As Moynihan puts it, he sees a "living pathology," which is a process rather than a condition. We have presented to us often two types of gastric, or, to be more accurate, epigastric, distress: one complains of pain, the other complains of formation of gases. Neither of these is primarily due to a lesion of the stomach, although in the presence of gas formation there may be some retardation of motor activities and at times a deficiency or defect in the gastric juices. In the latter type of trouble I have often noted a condition of cholecystitis with or without gall-stones, and it can be pretty generally predicted that in the epigastric type there will be found some condition of chronic appendicitis. We have not infrequently affections of the appendix with none of the classical symptoms stated in our works—never any pain, never any tenderness, but we have a septic ulcer which sends through the portal vein to the liver a continued shower of colon-bacilli and toxins. These in periods of hepatic insufficiency pass over into the bile and we have a cholecystitis or choledochitis. Gall-stones may or may not be formed. The continued passage of this kind of bile into the duodenum leads to defective gastro-duodenal digestion. Moynihan says that 80 per cent. of duodenal ulcers are associated with appendicitis. The chronic or fibroid type of appendicitis, so far as my experience yet goes, is more apt to give a reflex effect of pain.

The surgeon should keep closely in touch with cases of acute retropharyngeal abscess as serious edema of the glottis may develop and require tracheotomy for its relief.—American Journal of Surgery.

A BRIEF REVIEW OF OUR PRESENT KNOWLEDGE OF ANTERIOR POLIOMYELITIS, WITH A REPORT OF CASES.*

By Peter Boysen, M. D.,
Riverton, N. J.

The increasing prevalence of anterior poliomyelitis with its high mortality and dreaded morbidity makes us, indeed, stop and ponder over the many and perplexing problems that it offers for solution. During the last five years nearly 5,000 cases have been reported, a total which exceeds that of all cases of previous years of over half a century. Not a year elapses without the visitation of epidemics in some parts of the civilized world and the death and life-long invalidism that follow in its wake are indeed alarming and attracting widespread attention. It is, therefore, eminently fitting that the salient features of this grim malady should receive the fullest consideration possible in order that we may combat the ravages of the disease with a better understanding of the underlying principles.

Time will not permit me to enter at large into an extensive and interesting history of the disease. Suffice it to mention the names of some of the most important contributors to our knowledge of the subject. Heine in 1840 first described the disease and recognized its spinal origin. His views were confirmed by Duchenne in 1855, who discovered the electrical reaction of degeneration. More modern studies began with Medin, of Stockholm, who called our attention to the epidemic nature and later his pupil, Wickman, presented the best clinical study proving the communicability and the appearance of a great variety of types of anterior poliomyelitis. Further light was shed by Harbitz and Scheele, who commented on the severe Norwegian epidemics between the years 1905 and 1906 and published a very thorough and masterful exposition of the pathology of infantile paralysis. Finally Landsteiner and Popper, and more especially our own Flexner and his co-workers, added new triumphs to experimental medicine and gave us a fairly complete knowledge and a better insight into some of the more intricate phases of the problem under consideration.

Based upon the evidence from these sources of a considerable amount of clinical and experimental material, the time has come when we must abandon the common text-book description and form a new conception of the disease. We may no longer speak of epidemic and sporadic forms as distinct and separate pathological entities. They must, indeed, be regarded due to the same cause, an ultramicroscopic organism whose activities possibly vary under slightly different conditions depending upon the degree of virulence and on individual peculiarity or susceptibility. The infectious nature of poliomyelitis is definitely and firmly established. It has even been amply demonstrated that the contagion can be carried by a third person. Notable illustrations of this fact have been given particularly by Wickman, of Sweden, and Shidler, of Nebraska. Furthermore, the rapidity with which the disease spread from Scandinavia after the great epidemics of 1905-1906 to various parts of Germany, Austria, France, and to the United States, especially to the great Atlantic seaports and to the Northwestern States, particularly Minnesota, where the Scandinavian population is predominantly large, lends further support to the view of the indirect as well as the direct communicability of the affection. The contagion enters the system by way of the gastro-intestinal tract but more especially through the upper respiratory passages, the nose and the throat. The nasopharyngeal mucous membrane is not only susceptible to, but it actively eliminates, the virus, as has been well demonstrated in experimental cases. This fact is of considerable significance from the standpoint of prophylaxis. It is also very essential that we as practicing physicians recognize the fact that infantile paralysis may occur without paralysis and at any time of life. The old nomenclature is evidently defective and misleading.

The pathology of the disease consists chiefly in a widespread congestion which involves to a greater or less extent the pia mater of the entire cerebro-spinal axis. The intensity of the hyperæmia and of the associated small round cell infiltration surrounding the vessels varies at different levels of the cord and the brain-stem. A diffuse inflammatory infiltration, some oedema and petechial hemorrhages are also found in the nervous substance, more especially in the gray than in the white matter, in the anterior horns than in the posterior horns, and in the cervical and lumber enlargements rather than in the rest of the cord. This difference in the distribution of the lesions and in the degree of intensity of the pro-

* Read before the Burlington County Medical Society, October 12, 1910.

cess is largely determined by the greater richness of the vascular supply of the areas involved. Thrombosis and embolism have not been met with, but the perivascular cellular infiltration may be so severe as to encroach upon the lumen of the vessels and through compression cause its partial or complete obliteration. This process would naturally lead to local anæmias, oedemas and hemorrhages and ultimately to degeneration and possibly necrosis of nervous elements.

These facts readily explain the functional disturbances of the disease. It is a most fortunate circumstance that the vast majority of paralyses are due not to a destructive lesion of the ganglion cells, but to an impediment of the circulation interfering with their nutrition. As might be inferred from the nature, the extent, and the distribution of the lesions and their chief localization, a number of different types of poliomyelitis have been encountered and are recognized. We may speak of the cerebral, bulbar, spinal, descending and ascending (as true Landry's paralysis) and the abortive forms of the disease. The morbid process is far more extensive than the clinical picture would indicate.

Such a pathology would necessarily produce a very varied symptomatology. After an indefinite incubation period, averaging about ten days, there is usually an abrupt onset with moderate fever, headache which is frequently quite severe, pain and possibly some stiffness in the neck, backache and very often vomiting. Pain and cramps especially in the extremities and hyperæsthesias are sometimes complained of. The entire absence of any or all of these symptoms and, with the accidental discovery of a paralysis, is a clinical type of anterior poliomyelitis perfectly familiar to all. Marked restlessness and irritability are very commonly met with and are conspicuous symptoms. They seem out of proportion to the amount of fever present. In this connection it is interesting to observe that the temperature in experimental cases is subnormal and, inasmuch as the mortality in these cases is very much greater, the question arises whether a high fever in the spontaneous disease is an unfavorable indication. Slight muscular weakness especially of the extensor groups of muscles with a tendency to wrist-drop or foot-drop may appear. Other suggestive symptoms are early and profound prostration and incoordination. The presence of excessive sweating has been noted in a number of epidemics. Irritative lesions of cerebral or medullary centres produce symptoms the significance of which is unmistakable and readily recognized. After a variable period of several hours or as many days some form of paralysis supervenes in the great majority of cases, but not in all.

An early diagnosis before the appearance of paralysis is difficult, but it is of the greatest importance, because if proper measures to relieve the congestion and equalize the circulation could be instituted in due time, till Nature's forces of immunization are well established, the most dangerous period of the disease would be bridged over. It might be stated in this connection that Flexner in his work has found that the cerebro-spinal fluid is altered by an increase of proteins and in the number of mononuclear and polynuclear leucocytes before the appearance of symptoms. The fluid is clear and not turbid as it is in the purulent forms of meningitis.

The mortality rate of spinal paralysis has varied considerably in the different epidemics. It averages about 10 to 12 per cent. The more severe progressive and bulbar forms are almost invariably fatal. If they live from 7 to 10 days they will probably recover, but they usually die within the first few days from respiratory failure.

The literature on the subject of treatment of the pre-paralytic stage is rather scanty and yet this is the period of the disease when appropriate measures should prove most effective both in preventing and in ameliorating subsequently developing paralysis. In view of our present knowledge of the pathology, it is doubtful whether the use of cold and of vasoconstrictors like ergot are of any service. After a thorough and prompt evacuation of the bowels, the patient should be kept warm, hot baths and packs may be of service in equalizing the circulation and diverting the blood away from the congested areas. Counter-irritation and cupping may also be resorted to. Members of the salicylic acid group such as aspirin and the like answer the purpose of peripheral dilators and analgesics very well. They have been used with apparently good results. The use of urotropin has also been suggested and it may be employed on account of its antiseptic qualities. After the acute stage has subsided such measures as massage and electricity must be resorted to in order to restore the affected muscles to their normal tone and nutrition.

The following cases will serve to illus-

trate some of the points that have been touched upon.

Case I.—C. F., boy, 4 years of age. Always been in good health except for an occasional attack of croup or bronchitis. In the night of August 18 he became very restless and feverish. This continued the following day till about 5 P. M., when he was seized with an attack of vomiting, after which he felt much better. Six days later he was again taken sick at night with fever, restlessness and vomiting, which persisted the next day when he also became very drowsy and apathetic. He vomited again in the morning of the second day of the disease and complained of pain in the throat. The cervical lymphatic glands were enlarged but an examination of the throat revealed absolutely nothing. He did not have any headache nor any other symptoms except those mentioned. In the afternoon he was very restless. His mother thought he had had spasms and he had been delirious, and at times did not know anybody. His temperature was 104⅕ and his respiration rapid. I became suspicious of infantile paralysis, although nothing definite could be discovered in the history or by an examination of the case to support that diagnosis. I prescribed large doses of aspirin, which he retained. On the third day of his illnees he seemed better, but was still somnolent and showed marked incoordination. He had difficulty in swallowing now and his articulation was affected. We could hardly understand what he said. Both sides of his face were hypersensitive. On the fourth day he had a paresis of the right side of the face and a weakness of the right external rectus muscle. He still continued to vomit at long intervals, but gradually improved in every other way and finally made a perfect recovery. My inability to see how he could have contracted the disease stood in the way of making an earlier positive diagnosis. Subsequently I learned, however, that the nurse who attended an older brother for two weeks came from an infected quarter of Trenton three weeks before the little fellow was taken sick. This nurse had been visiting in a house where a child was recovering from the disease. In one of the neighboring houses three were stricken and one person died, and in the other house two persons were down with the infection.

Dr. Alexander Marcy, Jr., has very kindly furnished me with the data of the following two cases:

Case II.—N. C. T., age 2 years. A strong, healthy child. On September 18th she complained of pain in the head and neck. The parents thought her indisposition due to overeating the day before and gave her a purgative. On the second day of the disease the child complained of a stiff neck and the headache continued. Dr. Marcy was called in. He noticed slight stiffness of the neck muscles on the right side. Movement of the head did not cause any pain. The temperature was 101 and the pulse 120. No other signs or symptoms could be elicited. On the third day the symptoms were much the same. The rectal temperature was 102. A careful physical examination revealed nothing new. Anterior poliomyelitis was suspected from the first, but nothing confirmatory could be found. On the fourth day of the disease there was paralysis of the muscles of the neck and chest. The respiration was almost entirely abdominal. The temperature was 102 and the pulse 140. There was a double foot-drop but no paralysis was present. Late in the afternoon spasms of the face muscles developed. The patient spasmodically opened and closed her mouth and her eyes and at intervals of a few seconds protruded her tongue. These convulsions continued over an hour till finally death relieved her suffering. This patient had neither nausea nor vomiting at any time.

Case III.—P. D., age 5. Previous history negative except for catarrhal pneumonia at eight months and the removal of tonsils and adenoids on February 16th of this year, from which operation she fully recovered. On March 2d, two hours after a supper of bread and milk, she was taken with nausea and vomiting. Her pulse was 130-150, respiration 40 plus, but no adequate signs could be found to account for her condition. She slept well that night, but she did not wish to get up in the morning, saying that she had a headache and felt very tired. Her nausea and vomiting continued and later she complained of pain in the abdomen and back of the neck. She was expectorating blood-streaked mucus and large quantities of saliva, but had no cough. The bowels moved by enema after a grain of calomel had been administered. The kidneys were functionating perfectly. There was no rigidity of the neck.The patellar reflexes were slightly exaggerated. The temperature was 101, pulse 140 and respiration 40. A careful examination showed no appreciable cause for her symptoms.

On the third day of the disease the patient was very restless. The symptoms of the preceding day persisted except the headache. The eyes were bloodshot and sunken. The pulse became intermittent and irregular. The mind remained clear to the last. On the morning of the fourth day of her illness she quietly passed away.

A complete autopsy was made by Dr. Draper, of Philadelphia. Specimens of the cord and of enlarged mesenteric lymph-nodes were sent to Dr. Flexner. Monkeys were inoculated with preparations from both specimens and in both instances developed typical poliomyelitis indistinguishable from the epidemic form, although the material came from an apparently sporadic case. The account of these experiments has been published by Flexner and Lewis in the *Journal of the American Medical Association.*

Clinical Report.

CASES OF ACUTE INTESTINAL OBSTRUCTION.*

By FRANK D. GRAY, M. D.,
JERSEY CITY, N. J.
Surgeon to Christ Hospital and Jersey City Hospital, Jersey City.

Perhaps nothing in the field of abdominal surgery is of more vital interest and importance than intestinal obstruction, for upon the early recognition of this condition, as well as prompt and efficient operative treatment, hangs the question of life and death in the majority of cases.

A series of such instances coming under my observation within the past two months leads me to submit a brief report which I trust may be more or less instructive. The first is that of a married woman, aged 46, taken in the early morning with a sudden attack of abdominal pain, without elevation of pulse or temperature. I saw her in consultation at midnight. Pulse and temperature were still normal, intermittent pain, vomiting infrequent and non-stercoraceous, tympanites very slight. Physical examination revealed an abdominal mass about 5 by 7 inches in dimension, situated somewhat transversely at the level of the umbilicus. This tumor had a solid feel and an indefinite percussion note. It was smooth and reminded one more of a large kidney swung around on its axis than of anything else. Having once seen a kidney that had wandered as far as the pelvic brim and produced complete intestinal obstruction, I suspected this trouble was of that nature. As the patient's condition was apparently good, I advised her removal to the North Hudson Hospital during the following forenoon for an explorative operation. At 2 P. M. her temperature had risen to 102, her pulse was 100, and beginning tympanitis somewhat obscured the abdominal mass. Immediate laparotomy revealed an extensive intussusception, which was reduced without much difficulty. The intussusception, consisting of six feet of completely gangrenous ileum, was resected and end-to-end anastomosis by Murphy button was performed. The peritoneal cavity contained a large quantity of foul-smelling sero-pus, but was closed without drainage after thorough irrigation. No untoward symptoms followed except a slight infection of the incision. The bowels moved on the third day and continued regular. In a week the patient was taking light diet and convalescence was complete, the patient returning to her home in three weeks. The button was passed just two days less than six weeks from the date of operation.

Points of interest in this case are various. Least of all perhaps is the comparative rarity of intussusception in an adult, it being, in the majority of cases, a condition of infancy or childhood. Note also the absence of particularly grave symptoms for 36 hours after the onset of so extensive invagination with gangrene. For more than 24 hours pulse and temperature were practically normal; tympany and the characteristic bloody mucus stools were absent; shock was not noticeable, neither was there the sausage shape or cylindrical tumor of the text books. The mass was bulky and more suggestive of a big kidney. I would emphasize, however, the presence of sufficient evidence of obstruction to warrant operation in any such case, namely, obstipation, colic, repeated though not stercoracious vomit, and, finally, a beginning distension of the type that maps out individual coils.

The chief point of interest, however, in this case is the complete absence of digestive or nutritive disturbance after such an extensive resection. Senn, in his Practical Surgery, says: "It is an open question to what extent resection of the small intestines can be performed with impunity. It

*Read at the meeting of the Hudson County Medical Society, Jersey City, October 4, 1910.

is true that Koeberle, Kocher and Baumm have successfully removed 205 cm., 100 cm., and 137 cm. (which were, respectively, 80.71, 39.37 and 43.93 inches) of the small intestines of the human subject, but in Baumm's case death, which supervened six months after the operation, was attributed clearly to marasmus brought about by the extensive intestinal resection."

Now Koeberle's resection exceeded the one here reported by eight inches, but mine exceeded Kocher's and Baumm's, the latter of which was fatal from mal-nutrition, by 29 and 32 inches, respectively, while there was no subsequent disturbance whatever, as will be observed upon presentation of the patient who has kindly consented to appear before you this evening.

The second case of my series—a young man of 20—was admitted to Christ Hospital with symptoms of intestinal obstruction that had existed for two days, very moderate distension, temperature 100.5, pulse 108, obstipation and occasional vomiting, non-stercoraceous. Examination of abdomen revealed no tumor or any special point of tenderness. Various non-surgical means were employed for 24 hours without success. Bowels refused to move, vomiting somewhat increased in frequency and finally distension began to assume the appearance of mapped out coils. Deciding to operate without further delay, to my surprise and chagrin, I discovered, as soon as he was on the table, a small lump in the right groin. I had carefully examined his abdomen upon admission, but not his groin, assuming that a person of his age and apparent intelligence, having a hernia, would know it; also that the ambulance or house surgeon would have noted it. The fact is, I did not think much about it until I saw the small swelling as I was about prepared to do laparotomy. Of course, the lump was a small strangulated inguinal hernia. The contained knuckle of small intestine was on the verge of necrosis, but recovered without resection, and the patient went home well ten days after operation. This was a case of remarkable oversight all around. It seems that the ambulance surgeon knew of the inguinal swelling, the patient's attending physician had mentioned it to him, pronouncing it a specific adenitis, but he, the ambulance surgeon, had not thought it worth while to speak of it at the hospital. I had failed to search for a possible hernia and postponed operation an unnecessary twenty-four hours; only by good luck not too long to be disastrous. The following day I asked the patient how long he had had a rupture, but was told he had none; however, when asked how long he had the lump in his groin, he said as long as he could remember. The lesson is, always look for a hernia in a case of intestinal obstruction. The rule is an old one, but we sometimes forget the trite things. Never assume that any patient or his physician knows of the existence of even a self-evident hernia.

The next case of the series presented an illustration of one of the remote effects of abdominal operation. The patient, a young man of twenty-seven, had had a laparotomy about two years before, evidently searching for a supposed intra-abdominal lesion which proved to be a psoas abscess, from which he still suffered. His symptoms on admission to the hospital were those of beginning obstruction — obstipation for two days, slight temperature and moderately increased pulse rate, occasional vomiting and some distension beginning to be of the mapped variety. The last feature in particular led me to advise immediate operation, which revealed absolute occlusion of the ileum by a dense band of old adhesions. Resection was not necessary. Recovery was prompt and complete.

The remaining two cases were strangulated inguinal hernias, both of the large type, that usually do not strangulate. One case I did not see, as the patient died within a few minutes after admission to my hospital service, but it is of interest from the fact that I learned from the attending physician that symptoms of obstruction had existed for two days, yet he had doubted strangulation on account of the large size of the hernia.

The other case was a large inguinal hernia of old standing, in a man of 68, alcoholic. Obstructive symptoms had also existed here for two days and operation revealed gangrenous gut from a band of adhesions in the sac, the neck of the sac being large and free, allowing upward extension of peritonitis, which had become general. Resection of the gangrenous loop and irrigation was followed by death within a few hours. It is quite probable that both these cases might have been saved by early operation on occurrence of obstructive symptoms.

The purpose of this hasty paper will have been served, if I can impress the importance of early operation in suspicious cases of intestinal obstruction when unrelieved obstipation and vomiting accompanied by

colic and even slight distension of the mapped variety exist.

Strohmeyer propounded an axiom in regard to hernia which I think holds good in all obstructive cases: "If you find a strangulation during the day it should be relieved before sundown; if during the night it should be relieved before sunrise."

Even in late cases when resection has been successful, irreparable distension and paresis of the proximal bowel sometimes persists. Barker proved this in three cases where subsequent operation for some other condition gave opportunity for inspection of the repaired intestines.

ADDENDA—TWO ADDITIONAL CASES.

Just one week from the date of presenting the above paper, I was called to operate on still another case of acute intestinal obstruction, which I take the liberty of adding to the series for publication. The patient, a married woman of 35, had been operated on nine months previously, the appendix and both ovaries having been removed, recovery being prompt and uneventful. Forty-eight hours before I saw her the physician who operated was called and found her suffering from colic and vomiting, which soon became stercoraceous, and at one time, according to both physician and patient, was distinctly fecal. All attempts to secure action of the bowels failed, and at the end of two days she was removed to my hospital service at North Hudson. I found her in pretty good general condition, pulse and temperature but slightly increased and abdominal distension only moderate. The history of obstruction, however, was so distinct that I operated without delay, finding numerous post-operative adhesions and at about the junction of the middle and lower third of the ileum a very pronounced valvulus, which I was able to reduce without great difficulty, although the knot was fixated by adhesions. The intergity of the gut had not been seriously impaired, and no resection was necessary. Vomiting ceased after operation and no untoward symptoms have occurred in the four days that have now elapsed. A soapsuds enema 24 hours after operation caused free expulsion of gas but no further action. An enema of one pint each molasses and milk, a favorite remedy of the late Dr. Senn, administered the following morning, however, resulted in a copious dejection and, so far as one can see, convalescence will be uninterrupted.

This case again illustrates the importance of prompt surgical interference in obstruction cases. No one can tell when the limit of safety will be passed. It is also interesting to note, that, while formed fecal matter was said to be present in the vomitus, it could hardly have been possible, for the obstruction was well above the ileocecal valve and, of course, the small intestine contains only stercoraceous, not formed, fecal material.

While this much of the addenda was in preparation, I was called to see a baby of four months, in the Jersey City Hospital. It had for twelve hours been vomiting and passing blood-stained mucus stools. The abdomen was somewhat tympanitic, and a finger in the rectum detected a soft bulging mass, pretty well filling the lumen; no sausage-shaped tumor could be felt externally, but the evident diagnosis was intussusception. An enema of one pint was promptly expelled without any effect on the rectal tumor and immediate operation was decided on. A three-inch abdominal incision revealed a typical sausage tumor in the left side of the peritoneal cavity, and gentle taxis succeeded in reducing about ten inches of invaginated large intestine. Extensive fresh adhesions had already formed, and the invaginated gut was dark in color, but still retained good vitality and no resection was necessary. The operation occupied twelve minutes, was begun under chloroform anasthesia, but as the babe took this anesthetic badly, was continued under ether.

There was no shock and convalescence during the three days now elapsed has been uninterrupted. The child's mother was brought to the hospital and has nursed the babe regularly. Bowels moved on second day by enema and since then spontaneously. No vomiting and but slight distension; temperature now on third day 99, rectal; pulse 108, and respirations 28, so there is every prospect of complete recovery.

This case also emphasizes the importance of prompt operation in these obstruction cases—even in very young infants.

I would mention in closing that the case of volvulus operated on ten days ago is completely convalescent.

In a case of known or suspected visceral carcinoma, the finding of small nodules in or just beneath the skin is of vast diagnostic and prognostic importance. If an excised nodule is shown to be cancerous this will at once establish both the diagnosis and the futility of operation. In cases of intra-abdominal carcinoma these superficial metastases are, curiously, most often found in the skin to the left of and below the umbilicus.—Amer. Jour. of Surgery.

Reports from County Societies.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society met Tuesday evening, November 22d, at the Public Library building, Newark, to hear Captain and Assistant Surgeon Henry J. Nichols, U. S. A., on Pellagra. Two amendments to the constitution were adopted: one providing for the treasurer's reporting dues received to the secretary and to the State Society; the other reducing the number necessary to a quorum from 15 per cent. to 10 per cent. of the active members. Dr. J. F. Chattin was received to membership, transferred from the Mercer County Society. The following new members were elected: Drs. Elwin Taylor, East Orange; G. S. Bernardinelli, Mary E. Broadnax, Cadwell B. Keeney, L. W. Bagg, Robert H. Scott, Newark.

The Joint Committee on Home Economy, a committee of the Bureau of Associated Charities and the several other allied organizations, made a personal appeal for the interest and professional endorsement of physicians in the philanthropic work they are doing of teaching home economics, through the schools, to the poor. This approval was heartily given by a unanimous vote and a committee was appointed by the chair to report back to the society any more definite action advisable.

Dr. Nichols was then introduced by the president, Dr. Samuel E. Robertson, and he delivered, with the aid of stereopticon, a most instructive lecture on Pellagra, indicating the greatly increased notice given the disease by the number of cases reported, 116 last year in the registration area of the United States, whereas until recently it received very scant notice even in text books. Yet cases were adequately described in 1864 and since. We are "confronted by a serious situation" with immigrants coming increasingly from Italy, Lombardy and other countries where it abounds, inasmuch as we know absolutely nothing of its etiology or treatment. Whereas corn or corn products were formerly associated with it as cause, corn meaning Pellagra, much as rice means Beri-Beri, this is now disproved, though, admittedly, no better theory obtains. Attempts to reproduce the disease in animals have signally failed. Its occasional coincidence with Amœbic Dysentery has not proved of any etiological importance.

The plan for the season's meetings includes a lecture, probable on December 6th, by Dr. J. Warren Stiles, on Hookworm Disease; others by Professor H. H. Rusby and Dr. L. F. Flick.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The monthly meeting of the Hudson County Medical Society was held in the Public Library building, Jersey Clty, November 1, 1910, Dr. A. P. Hasking, president, in the chair. It was well attended.

Dr. Joseph M. Rector presented a paper on "A New Operation for Complete Vesical Hernia in Women."

Dr. G. K. Dickinson reported a case of prostatectomy by Young's method.

Dr. H. W. Brown, a case of typhoid treated with vaccine, with good recovery in 18 days.

Dr. O. R. Blanchard, a case of retention of urine by pressure of a tumor on the urethra, the tumor being a fibroma of the uterus.

Dr. J. A. Chard, a case of stramonium poisoning, the stramonium having grown in the vicinity of the patient's residence; death ensued with symptoms of belladonna poisoning. Dr. Chard also reported a case of rabies due to a bite of a horse.

Dr. E. L. Ball, a case of bilateral paralysis of the vocal cords of larynx due to arteriosclerosis, the arch of the aorta pressing on the bronchi.

Dr. F. D. Gray reported three more cases of intestinal obstruction: (1) Volvulus, (2) Intussusception, (3) Post-operative adhesions .

Dr. J. J. Mooney demonstrated a tubercular kidney that he removed from a patient.

Dr. J. M. Rector reported an operation for the removal of a dermoid cyst of the coccyx in a man 46 years old, which was of seven years' standing.

Dr. J. H. Rosenkrans, a case of high blood pressure that resulted in hernia.

Dr. W. J. Arlitz, Hoboken, spoke on the testamental capacity of patients in cases of apoplexy.

Dr. H. T. Van Deestin, a case of pyelitis in pregnancy and the puerperium.

Dr. P. J. Hamill spoke on the medicinal and operative treatment of exophthalmic goiter.

Dr. W. J. Matthews, on the eye in exophthalmus.

Dr. Wallace Pyle, on perforating ulcer of the cornea as a result of exophthalmus.

The next meeting of the society will be held in the Jersey City Library building, December 6, 1910, at 8:30 P. M.

(Dr. Rector's paper will appear in the January issue of the Journal.—Editor.)

OCEAN COUNTY.

William G. Schauffler, M. D., Secretary.

The Ocean County Medical Society met for its annual meeting in Lakewood on Friday, November 11, 1910, and elected the following officers:

President—Dr. G. W. Lawrence, Lakewood.
Vice-President—A. M. Heron, Lakewood.
Secretary—W. G. Schauffler, Lakewood.
Treasurer—I. H. Hance, Lakewood.
Annual Delegate—E. S. Carrigan, Point Pleasant.
Reporter—R. R. Jones, Toms River.

The society passed a resolution putting itself on record as being opposed to contract practice. It also appointed a committee to draw up suitable resolutions on the death of Dr. Paul T. Kimball.

SOMERSET COUNTY.

Francis E. DuBois, M. D., Secretary.

The regular bi-monthly meeting of the Somerset County Medical Society was held on Thursday, October 13th, at 3:15 P. M., at the Ten Eyck Hotel, Somerville, N. J.

Ten members were present, and Dr. William H. Murray, of Plainfield, an invited guest.

The minutes of the previous meeting were read and adopted. The secretary read a letter from Dr. William A. Clark, secretary of the Judicial Council of the New Jersey Medical

Society, dealing with the action of that council regarding "contract practice." It was then moved, duly seconded and carried that the secretary be authorized to state in reply that this society had been committed to this step for the past ten or twelve years.

Then followed the scientific part of the meeting which consisted of the reports of cases. Dr. Long reported a case of placenta previa, with the lateral implantation of the placenta. Version was done and successful delivery of the child was the result.

Dr. Stillwell reported a very interesting case of a purpuric condition in a girl 4 years old, followed by pyelitis which yielded to four grain doses of urotropin, three times a day.

Dr. Hecht reported a case of incarcerated hernia in a man of eighty years, suffering also with paralysis affecting his speech and the motion of the arm and leg, with marked arteriol-sclerosis and with considerable albumen in the urine. He was operated on under local anæthesia—ethyl chloride and cocaine—with complete recovery and no recurrence of the hernia.

Dr. Murray reported a case of "retention" in a man 78 years old, due to a small calculus in the prostatic urethra. Supra-pubic drainage and complete recovery. Dr. Murray favored the supra-pubic route for cases necessitating permanent drainage of the bladder.

Dr. Ely reported an interesting case of traumatism, followed by broken back; six months later showing atrophy of the muscles and complete paralysis of the lower extremities, and partial paralysis of the arms, sloughing in the region of the sacrum, which was healed by skin grafting. Patient was in the habit of taking from 20 to 35 grains of morphine a day.

Dr. Graff reported a case of ovarion cyst with twisted pedicle; operation and complete recovery.

Dr. DuBois reported a case of thrombosis of the mesenteric vein, occurring in case of typhoid fever.

Dr. Clark emphasized a symptom in the early diagnosis of all stones, namely, a point of tenderness one-third of the way from the umbilicus to the bend of the ninth rib.

Dr. Merrill reported an interesting case of pregnancy several weeks overdue, in which the child's head had lodged on the pubic bones. After correction of the position labor went on successfully, with delivery of a normal child.

A motion was duly made, seconded and carried that the matter of an "open meeting" be left in the hands of the officers of the society, with power to act.

ESSEX COUNTY PATHOLOGICAL AND ANATOMICAL SOCIETY.

Reported by Frank W. Pinneo, M. D.

The regular monthly meeting of the Essex County Pathological and Anatomical Society was held Thursday evening, November 10th, at 844 Broad street, Newark. The following were the specimens presented:

By Dr. E. J. Ill: (a) Fibroid of Round Ligament; (b) Tumor of Ovary, a fluid mass, not an ovarian cyst, involving tube and ovary, secondary to a sloughing Fibroid of the Uterus.

By Dr. H. B. Epstein: Polycystic Kidney.

By Drs. A. S. Harden and A. A. Strasser: (a) Fibroid of Uterus; (b) Tumor of Back, concerning which there was much interest in its histology, which suggested both Endothelioma and Baso-cellular Epithelioma.

By Dr. J. R. English: Rabies (two months' incubation) with anatomical findings. This was a most interesting case, well worked up from the earliest clinical symptoms to the final microscopical demonstration of Negri bodies in brain and spinal cord. It is worthy of note in this connection that the Bacteriological Department and the Pathological Laboratory of the Board of Health, Newark, at the City Hospital, make possible such complete work, and this society serves a most useful purpose in collecting such material and presenting the pathological findings for the benefit of all the profession. This case of rabies would have been instructive to any one doubtful of rabies (hydrophobia) as a specific disease. No one present, however, seemed to hold such opinion, or to have any other diagnosis, possible on second thought.

Br. Dr. E. Z. Hawkes: Mixed Tumor of Kidney, with metastasis, in child of two years.

By Dr. J. H. Lowrey: Phalanx of Finger with a whole flexor tendon nearly a foot long and some muscle tissue attached jerked from an arm by being caught in a meat chopper.

By Dr. F. W. Pinneo: A Tuberculous Hip from a 7-year-old, showing perforation through the acetabulum into the pelvis through the lines of union of bone by erosion of cartilage.

By Dr. H. S. Martland, from the City Hospital Laboratory: (a) A heart completely severed within the thorax in a crushing accident (run over by heavy truck); (b) Abscess of Lung; (c) Purulent Knee Joint; (d) Carcinoma of Liver, metastasis from Rectum.

Altogether, these thirteen specimens made a collection for one meeting which was very instructive and elicited much interest. A social hour with collation followed.

TRI-COUNTY MEDICAL ASSOCIATION.

Reported by Chas. B. Smith, M. D., Secretary.

The Tri-County (Morris, Sussex and Warren) Medical Association held its twelfth annual meeting in the Royal Arcanum rooms, at Morristown, on Tuesday, November 15th, at 10:30 A. M. There was a very good attendance on the part of the membership and there were also present Drs. P. A. Harris, of Paterson, an honorary member of the association; Thomas N. Gray, of East Orange, and William J. Chandler, of South Orange. Dr. Wilcox, of New York, an honorary member, sent a letter of regret, as he had expected to attend, but had been subpœnæd at court.

After the executive session was over, during which Drs. E. Moore Fisher, of the State Hospital at Greystone Park; T. W. Bebout, of Stirling, and S. C. Haven, of Morristown, were unanimously elected to membership, the association listened to an interesting paper by the president, on "My Impressions of Hospitals I Have Visited." The president had just returned from a trip abroad.

Dr. E. E. B. Beatty, of Newton, read an excellent paper on "Appendicitis and Its Treatment from a Medical Standpoint." This paper was quite generally discussed.

Dr. J. M. Reese, of Phillipsburg, was to have read a paper on "Typhoid in Phillipsburg," but he was unable to be present.

After a bountiful collation at Day's, Dr. Max

Einhorn, of New York, made the annual address. His subject was "The Importance of Thread Impregnation Test for the Recognition of Ulcers of the Upper Digestive Tract." It was most ably and interestingly presented and was listened to with marked attention. After the reading of the paper, Dr. Einhorn answered many questions regarding the technique of the operation, and suggesting that it be left in stomach eight to ten hours, also manner of withdrawing it after expiration of that time. After discussion Dr. Einhorn was unanimously elected an honorary member of the association.

The subject of a change in date of the meeting of the Medical Society of New Jersey was presented to those present with a request that they acquaint all their associates with the proposed change and invite them to express to the board of trustees their preferences or objections to any change. A change is made desirable from the fact that since the date of our meeting was decided upon, the A. M. A. has fixed its meeting in Los Angeles, Cal., on the same date.

TRI-COUNTY MEDICAL SOCIETY OF SOUTH JERSEY.

George Evans Reading, M. D., Secretary.

The Tri-County Medical Society of South Jersey held its annual meeting at the City Hotel, Bridgeton, on October 25th. There was a good attendance and the president, Dr. R. M. A. Davis, of Salem, occupied the chair and delivered his annual address, his subject being "Poliomyelitis Anterior, with Reports of Cases." The subject was discussed by Drs. Corson, Sherron, Reading, Fisler, Carpenter, Glendon and Tomlinson.

Dr. Thomas B. Rogers then addressed the society upon "Serum and Bacterin Therapy," showing the great advances recently made along this line and the importance which this means of combating the various infections has now assumed. The subject was discussed by Drs. Glendon, Ashcraft, Moore, Carson and Reading; the discussion being closed by Dr. Rogers.

The election of officers for the ensuing year resulted as follows:

President, Walter P. Glendon, Cumberland County; first vice-president, Charles S. Heritage, Gloucester County; second vice-president, William H. Carpenter, Salem County; secretary and treasurer, George Evans Reading, Woodbury; executive committee, Samuel F. Ashcraft, Gloucester County; John H. Moore, Cumberland County; Benjamin A. Waddington, Salem County.

The next meeting of the society will be held at Woodbury, on Tuesday, January 24, 1911.

Local, State and National Societies.

North Hudson Academy of Medicine.

Reported by Theodore J. Jacquemin, M. D.

The regular monthly meeting of the North Hudson Academy of Medicine was held in the office of Dr. Archibald Olpp, 225 Palisade avenue, West Hoboken, October 26, 1910, at 9 P. M.

The president, Dr. August Oestman, occupied the chair, with eleven members present.

After it had been our pleasure to listen to an exceedingly complete reading of the minutes of the previous meeting, for which due credit should be given our new and efficient secretary, Dr. Luippold, some routine business was disposed of in the record time of twelve minutes.

Then our esteemed friend, Dr. Nellis B. Foster, of New York City, gave us a most interesting talk on nephritis. This was out of the ordinary way of reading papers, and it was done so attractively—in the form of a conversation rather than a lecture—that every member present showed his fullest appreciation by giving close attention.

Special stress was laid on the importance of early diagnosis and on the paramount necessity of investigating the state of the kidneys before undertaking any important surgical procedure.

It was shown what a great role is played by increased blood pressure in the production of arteriosclerosis. The differential diagnosis of parenclymatous and interstitial nephritis was fully discussed, both from a clinical and from a pathological point of view. Dietary treatment, and, last but not least, an exhaustive talk on the most advanced medical therapeusis, made this meeting one of the most profitable we ever enjoyed.

A critical review of the value of nitro-glycerine, diuretin, erythrol, tetra-nitrate, calomel, squill, gray powder and digitalis, sodium citrate, sodium nitrite gave each its due place, but of all the remedies active in blood pressure reduction and diuresis, aconitum seems to hold the first place, and it was added that classical diet for the kidney patient consists of milk, cream, bread, butter, potatoes and as little meat and salt as possible.

The next item on our program was an able and comprehensive paper on "Hemorrhoids and Their Treatment," by Dr. T. L. Hill, the noted proctologist of New York City. In a clear and concise way Dr. Hill gave an anatomical review of the hemorrhoidal plexuses and dwelt at some length on the different etiological factors of hemorrhoids. The importance of a routine and thorough examination of the rectum was forcibly impressed in a few episodes that did not reflect credit upon some superficial practitioners of medicine whose patients had been sent to the specialist for rectal diseases by some osteopath because the latter had made the diagnosis which the regular ones had failed to make. Treatment of hemorrhoids was treated under the following heads: (1) Medical treatment and local applications; (2) By injection into the hemorrhoids of diverse remedies such as 50 per cent. carbolic acid in glycerine; (3) Simple excision; (4) Whitehead's operation; (5) Clamps and cautery; (6) Excision of sac of hemorrhoids under local anesthesia by ¼ per cent. of eucaine or ¼ to ½ per cent. of quinin and urea hydrochlorid.

The Whitehead operation was given a severe and exhaustive criticism, as its shortcomings were believed to be not a few, especially as far as the remote sequelæ are concerned.

The discussion, so-called, which followed was more of a long series of questions addressed to our two distinguished guests, for our further enlightenment.

Our president, Dr. Oestman, gave, in extenso, the history of an interesting case of parenchymatous nephritis which he had treated and he sadly finished his recital of it by announcing

that he did not get his fee, because he had allowed the patient to eat eggs, which later on the family thought subjected him to the charge of malpractice, sufficiently so, for refusing to pay for the doctor's services.

Adjournment took place at 11:50 P. M., when the members and guests retired to the dining-room, where the estimable hostess, Mrs. Olpp, had ready an excellent and bountiful luncheon.

Orange Mountain Medical Society.

Reported by D. E. English, M. D., Summit.

The regular monthly meeting of this society was held in the William Pierson Medical Library, Orange, on Friday, November 18th, the president, Dr. Richard P. Francis, Montclair, in the chair. There was a large attendance.

Dr. Theodore C. Janeway, of New York City, read an excellent and exhaustive paper on the Therapeutic Significance of Blood Pressure. Dr. R. D. Freeman, of South Orange, vice-president of the society, opened the discussion. The further discussion consisted mostly of questions asked by the members which Dr. Janeway answered fully and carefully.

Dr. Edgar C. Seibert, of Orange, was host, and there were present many invited guests. The social hour following the paper and discussion was particularly enjoyable.

Lectures on Sanitation.

The lectures given by the Columbia University. in the Horace Mann Auditorium, Broadway and 120th street, New York City, will be continued as follows:

December 5, Flies and Other Insects as Carriers of Disease.

December 12, Housing and Health, by Lawrence Veiller.

December 19, Tuberculosis: The General Problem; The Organized Campaign Against It, Dr. Livingston Farrand.

These lectures begin at 5 o'clock P. M. They are free and open to the public.

College of Physicians Association Discusses Acute Anterior Poliomyelitis.

At a meeting of the College of Physicians of Philadelphia, held October 14, 1910, after the reading of an able paper by Dr. P. A. Lewis, of the Rockefeller Institute, several physicians took part in the discussion. We take the following abstracts from the report in the A. M. A. Journal of November 12:

Dr. Joseph S. Neff, director of the Department of Public Health and Charities, Philadelphia: The results of a careful study of the reported cases of anterior poliomyelitis in Philadelphia during the last summer demonstrate very little, with possibly two exceptions, and become of value only by adding to statistics for further deductions. The two exceptions are the parts played in the etiology by feeding, and general housing conditions. Of 99 cases in Philadelphia, 6 children were breast-fed alone; 11 were bottle-fed; 43 were mixed-fed, and 38 partook of ordinary table food. The disease was practically absent in the wards of the city with the highest congestion of population, and the only location showing apparent grouping of cases has the lowest ratio (except suburban wards) of population to the acre. The study tends to show that general sanitation, crowding and housing conditions do not play a part, at least in Philadelphia, in the etiology of the disease. From observation of all the cases reported it is evident that poliomyelitis is mildly contagious and much less so than other so-called children's diseases. Especial attention is called to the fact that the weeks ending July 23 and August 6, in which the greatest number of cases occurred, followed the hottest weeks of the summer. The main point to be taken into consideration by health officials, until more definite knowledge of the cause and spread of the disease is obtained, is the means of prevention. Their duty is to prevent the spread of disease, but at the same time the welfare and comfort of the community must be considered. The questions involved are as to isolation, quarantine, exclusion from school of other children in the family, placarding, etc. Up to the present time, and in view of the approaching cold weather, the health authorities of Philadelphia have done nothing further than to order isolation of the patient and disinfection of all discharges. My own thought is to await developments next spring. Should we have isolated cases only, no further action will be needed. Should the disease become epidemic my present idea is to compel isolation of the patient, exclude from school other children in the family for a period slightly beyond the period of incubation of the disease, and give written instructions as to the disinfection of all discharges; but I do not believe that it will be necessary to placard the house. There seems to be as many secondary cases in which isolation has been maintained as in which it was not attempted.

Dr. Charles K. Mills: This paper is based chiefly on studies made during the recent epidemic. In my opinion the probable cause of acute poliomyelitis is some form of protozoon, which is perhaps carried by an insect to be found in the neighborhood of the prevailing epidemic. In the fulminant cases, meningitis is commonly present and may be severe; in other cases it is transient, and often absent. In several cases which have come under my observation death has occurred with evidences of involvement of the bulb. Paralysis involving one or two of the ocular muscles has been present in some instances. In one case a moderate degree of facial paralysis was the only residual palsy. A second recrudescence of the acute symptoms was seen in several cases. My investigations show the period of incubation to be usually from one to two weeks. Prognosis as to residual paralysis in the cases I have seen has been relatively bad. In treatment I would advise the use of hexamethylenamin in the acute stage; febrifuges, fluid extract of ergot, the large Bier's cups, calomel with salines and rest, when possible on the side or in the prone position. Massage or electricity should not be used for several weeks after onset and such treatment should be conservative in character. As a rule operative procedures should not be carried out for several months. Occasionally some kind of support to prevent possible deformity is advisable.

Dr. Hobart A. Hare: I believe that if the physician will simply attend to the ordinary hygienic measures the recoveries will be far greater in number than with the active medica-

tion of the patient. After the sharpness of the attack attention may be paid to strengthening the parially destroyed cells.

Dr. John K. Mitchell: I believe that damage is done by too early and too severe treatment. Physicians should not yield to demands of parents that something be done, but should insist that six weeks or two months be allowed before special measures are used. He should particularly avoid the ordinary mistake of allowing the child to sit up too soon. I have seen lateral curvature as the result of this mistake. Electricity should not be used under six or eight weeks, and there should not be discouragement from getting no result in the early treatment. The only satisfactory rule about the use of electricity is that the current that will produce the result is the one we want to use.

Dr. John B. Roberts: I understand that this disease is believed to be transmitted usually by infection through the nasal and facial mucous membrane. If this theory is correct, is it not a physiologic error to encourage or adopt the prevalent practice of total extirpation of the faucial and pharyngeal tonsils in children in whom there is inflammation and hypertrophy of these organs? The glossal, faucial and pharyngeal tonsils are adenoid structures apparently placed as sieves or guardians of the alimentary and respiratory tracts to arrest the entrance of micro-organisms into the general circulation. The occurrence of poliomyelitis more frequently in children of the well-to-do than in those in the lower walks of life may, perhaps, be due to the fact that such well-born children are nowadaps deprived by operation of these organs more commonly than the children of the poor.

Conference of State and Local Associations on the Prevention of Tuberculosis.

This conference was held November 17, 1910, in the lecture hall of the Public Library, Newark, N. J., and it was one of the best attended and interesting of the series that have been held. The following was the program which was generally carried out:

Morning session, presided over by Hon. Vivian Lewis, of Paterson. 1. Enforcement of the Tuberculosis Law; The Duty and the Opportunity of the Local Health Officer, by General B. W. Spencer, Mayor of Passaic. 2. Symposium—Agencies for Carrying into Effect the Provisions of the Law: The Physician, by Dr. W. G. Schauffler; The Dispensary, Dr. Ralph H. Hunt; The Visiting Nurse, by Miss Catharine Golding and Miss Nellie M. Casey; The Tuberculosis Inspector, Dr. O. R. Eichel, of Buffalo; Relief, by Miss Martha G. Perrine. The discussion was by Chester N. Wells, J. Scott McNutt, Drs. George E. McLaughlin, B. V. D. Hedges, E. T. Steadman, R. G. P. Diefenbach and Miss Mary Birnie.

The afternoon session was presided over by Governor Fort. Topic: Value of County Tuberculosis Hospitals. Papers: The Extent of the Disease and the Factory as a Contributor to It, by Frederick L. Hoffman, of Newark, and Mrs. Florence Kelley, of New York City; The Cost of Institutional Provision, by Dr. Herbert M. King, of the Loomis Sanatorium, Liberty, N. Y.; The Advantages of Local Care and Treatment, by Dr. Lawrence F. Flick, of Philadelphia. The discussion was by Dr. G. K. Dickinson, John N. Cady, Dr. B. S. Pollak, Rev. D. S. Hamilton and Dr. Frank H. Field.

The evening session was presided over by Dean Adrien F. West, of Princeton. The topic was: Tuberculosis as a School Problem. Papers by Dr. Woods Hutchinson, New York, on Teaching the Essential Facts to School Children; Dr. George J. Holmes, Newark, on Medical Inspection of School Children, with respect to the Prevention of Tuberculosis; Mr. Leonard P. Ayres and Dr. J. W. Brannan, of New York City, on Open Air Schools for Children Predisposed to Tuberculosis, illustrated. The discussion was by Mr. Charles S. Chapin, Dr. A. B. Poland, W. W. Peake and Miss Mary K. Knevels.

Dr. Gordon K. Dickinson, Jersey City, is president of the State Association, and Thomas H. Williams, of Newark, is secretary and treasurer.

New Jersey State Nurses' Association.

"Are New Jersey Standards for Nurses Sufficiently High?" was a question raised by Miss Bertha J. Gardner, president of the New Jersey State Nurses' Association, in an address at the third semi-annual meeting of the organization in the free public library, Newark, November 1.

Continuing, she expressed the thought that there was reason for encouragement in all directions. There are in New Jersey, she said, thirty-four training schools, seventeen of which are registered in New York. Miss Gardner emphasized the necessity of maintaining a high standard among probationers, and said, "good material was needed to make good nurses." She urged that girls should early choose this profession, preparing themselves for it before entering the training schools, and asked that nurses be ready to advocate their own cause. In this connection, she said, "your views as well as your dues belong to the association."

Miss Margaret Hickey, of Englewood, told of the work of the Federation of Women's Clubs, especially in anti-tuberculosis work, and spoke of efforts made to obtain a pure milk supply. Miss Beatrice M. Bamber, of Perth Amboy, read a consensus of opinion among medical men of the desirability of a registration law.

"The New Jersey law is such that we might as well have no law," the speaker declared. "Are good laws barriers?" she asked, and pointed out that the advantage was as much to the individual nurse as to the general public. The association was urged to be ready with a bill for the Legislature by next fall, at least, and not permit New Jersey to lag in this movement. The thought was expressed that the New York law was good, but that experience had shown where it might be improved.

American Public Health Association.

At the annual meeting of this association, held at Milwaukee, Wis., September 6 to 9, 1910, the following officers were elcted for this year:

President, Dr. Robert M. Simpson, Winnipeg, Manitoba; first vice-president, Dr. Fernando Lopez, Mexico City; second vice-president, Dr. John F. Anderson, Washington, D. C.; third vice-president, Dr. B. A. Bading, Milwaukee, Wis.; secretary, Dr. William C. Woodward, Washington, D. C.; treasurer, Dr. Frank W. Wright, New Haven, Conn.

Laboratory Section—Chairman, Dr. J. F.

Amyot, Toronto, Canada; vice-chairman, Dr. John F. Anderson, Washington, D. C.; secretary, Mr. B. R. Rickards, Columbus, Ohio; recorder, Dr. H. D. Pease, New York City.

Vital Statistics Section—Chairman, Dr. Wilmer R. Batt, Harrisburg, Pa.; vice-chairman, Dr. C. V. Chapin, Providence, R. I.; secretary, Dr. F. L. Watkins, Columbus, Ohio.

Municipal Health Officers' Section—Chairman, Dr. A. J. Douglass, Winnipeg, Manitoba; vice-chairman, Dr. Frederic Torralbas, Havana, Cuba; secretary, Dr. E. C. Levy, Richmond, Virginia.

Havana, Cuba, was selected as the place for holding the next annual meeting.

American Association for the Study and Prevention of Infant Mortality.

Reported by Floy McEwen, M. D., Newark.

The first annual meeting of the American Association for the Study and Prevention of Infant Mortality was held in the McCoy Hall of Johns Hopkins University, Baltimore, November 9-11, 1910. Dr. Mason Knox, president of the association, presided and the speakers at the opening session were: M. Jusserand, the French Ambassador; Professor Irving Fisher, of New Haven; Dr. Abraham Jacobi, of New York, and Dr. William H. Welch, of Baltimore.

The working sections were divided under four heads:

(a) Philanthropic Prevention of Infant Mortality, Dr. H. H. Hastings, Russell Sage Foundation, presiding; (b) Municipal, State and Federal Prevention of Infant Mortality, Dr. W. H. Welch, presiding; (c) Medical Prevention of Infant Mortality, Dr. L. Emmet Holt, presiding; (d) Educational Prevention of Infant Mortality, Dr. Helen C. Putman, of Providence, presiding.

Among the papers of note read at the sessions were: "Do Medical Schools Adequately Train Students for the Prevention of Infant Mortality," by Dr. Ira S. Wile, of New York City, and "A Method of Determining the Influence of Medical Philanthropy in Reducing the Morbidity and Mortality of Infants," by Dr. Henry L. Coit, of Newark, N. J.

A unique feature of the meeting was the exhibition of all the known factors which produce a high death rate, with simple and logical means of prevention. The exhibition was held in the main corridors of McCoy Hall and was under the immediate supervision of Dr. J. W. Scherescheswky, of the United States Public Health and Marine Hospital Service. The sections into which the exhibition was divided, and the chairman of each, follow:

A. Feeding and Dietetics; Dr. C. W. G. Rohrer, Baltimore.

B. Intestinal Disorders of Infancy; Dr. Harry L. Whittle, Baltimore.

C. Other Diseases of Infancy and Childhood; Dr. John Ruhrah, Baltimore.

D. Educational Prophylaxis; Clothing, Bathing, Exercise and Ventilation; Dr. Henrietta M. Thomas, Baltimore.

E. Preventable Diseases and Congenital Disorders of the First Seven Days of Life; Dr. Chas. W. Mitchell, Baltimore.

F. Economics and Eugenics; Professor William E. Kellicott, Baltimore.

G. Institutional Care of Lnfants and the "Placing Out System;" Dr. Charles O'Donovan, Baltimore.

H. Antenatal Causes of Infant Mortality; Dr. Chas. W. Mitchell.

I. Birth Registration; Dr. C. Hampson Jones, Baltimore.

J. Moving Pictures.

With respect to the needs and care of the infant, itself, exhibits were shown of suitable clothing; feeding methods were demonstrated; seasonal care of infants was explained, as well as the early recognition of conditions which may lead to serious after results.

A sinister feature of the exhibit was a red globe that every ten seconds glowed with an electric light and then went immediately out, indicating that every ten seconds, somewhere in the civilized world, a baby died.

The meetings were full of interest, were open to the public and were well attended.

Officers for the ensuing year were elected as follows:

President — Professor Charles Henderson, University of Chicago; president-elect, Dr. Cressy L. Wilbur, chief statistition, Bureau of the Census, Washington; vice-presidents, Dr. Henry L. Coit, of Newark, N. J., and Mr. Harold McCormick, Chicago; secretary, Dr. F. S. Churchill, Chicago; treasurer, Mr. Austin McLanahan, Chicago. The executive secretary is Miss Gertrude P. Knipp, 1211 Cethedral Building, Baltimore.

Abstract of Dr. H. L. Coit's Paper.

The subject of Dr. Coit's paper was: "A Method of Determining the Influence of Medical Philanthropy in Reducing the Morbidity and Mortality of Infants."

Agencies employed for the reduction of infant mortality have directed their efforts along different lines. These are—medical work in hospital wards and clinics where infants are treated; milk dispensaries and consultations independent of hospital supervision; philanthropic association work aside from hospitals and dispensaries; municipal agencies which employ nurses to teach infant hygiene in the home, and State and Federal agencies which, by ordinance and law, attempt to influence mortality by determining statistics, regulating the food supply and making more sanitary the homes of the poor.

The value of each of these methods of work and their effect upon mortality, has been variously estimated by those who are engaged in this work with a tendency to over-estimate the value of the special feature in which they are interested.

When these various methods of work are combined under the same direction or supervision, it would be desirable if some simple system could be formulated for the collection of facts and statistics which would show the relative value of each kind of work in its influence upon the reduction of infant mortality.

Statistics are of no value unless they determine how far we have influenced or improved the conditions affecting the care, the physical condition and the living powers of infants.

The percentage plan of scoring has been employed to determine the status of social, scientific and commercial investigations; but no comprehensive scoring plan has been adopted which would include in its scope all the conditions which influence the care, the physical condition and the living powers of the infant.

The method herewith presented, which consts of a statistical score card, is designed for careful collection of facts to determine the inience of environment, of management, of burishment and of morbidity upon the viality of the infant and by a graphic chart to ow the improvement in viability during a ven time through the activities of medical nilanthropy and educational work directed to e betterment of the conditions which influce infant mortality.

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ternational Congress for the Care of Insane.

At this congress the following resolutions of eneral interest were passed. First, a motion of ræpelin (Munich) to secure by means of stastics of population of a limited district, exnding over decades, the necessary data to nswer the question of the increase of mental nd nervous diseases and the social phenomena onnected with them. Second, a motion of chule (Illenau) to discuss at the next congress e question of the statistical treatment of herditary relations and to appoint Professor Tamurini (of Rome) and Rudin (of Munich) to eport on the question. Third, a motion of Forel (of Ghent) and Ferrari (of Bologna) to ecure uniform international education of atendants for the insane and to determine the inimum requirements, and further to secure in he national publications concerted agitation for urthering the study of the origin and prevenion of mental diseases.

Miscellaneous Items.

Constant Travel Affects the Heart.

Constant travel is bad for the heart. Dr. A. . Harris, a British health officer, says so, fter a study of conditions in London. The wice a day rush trains, the nervous strain of living on a time table," he finds distinctly eleterious to health. His remarks as set forth n The London Chronicle will probably interest housands of New York's daylight citizens.

"At the present time," he says, "the tendency eems to be for people to move to suburban lisricts, rushing from London as if it were ome plague stricken spot. I am strongly of pinion that in doing so the heads of families, particularly the men, are doing neither themelves nor their families any great good. For vhat occurs?

"The husband daily comes into London to usiness, and every night has to rush to catch rains which start at certain fixed intervals, and nearly always puts off to the last moment the tart from the house or from his place of busiiess. Indeed, only a day or two since a genleman living some thirty miles out of London, nforms me that daily after 3 o'clock he works nder the greatest pressure in order to catch a fast train to his home and that such a mental nd bodily strain was beginning to tell on him.

"And so it is with others who undergo this laily rush, hurry and excitement of train travelng, which, apart from the noise and bustle incidental to this mode of traveling, cause a wear nd tear of the circulatory and nervous systems which must, and do, in the long run, prove most letrimental to health, and thus the good which is sought in the country environment is entirely lost."

As to this country environment, Dr. Harris remarks that in many instances men who have purchased their own houses mayhap only a few years ago in a rural district, now find themselves even more shut in than they would be in the wide streets and roads of such a London borough as Islington.

"With these facts before us," he adds, "my advice to those who are thinking of moving to the country is the same as Punch's advice to those about to marry—'Don't!' For by remaining in London they will escape the everlasting rush for trains, the climbing of innumerable bridges at railway stations, and the certain strain on their vital organs, especially the heart, for there can be no doubt that much of the hurry and rush to London and out of it has caused many premature deaths from heart disease, apoplexy and paralysis."

Mountain Sickness in Peru.

At a meeting of the Medical Society of Berlin, Dr. Knoche gave an account of his experiences and observations in regard to mountain sickness during his sojourn among the heights of the Cordilleras of Peru, says a writer in The Hospital.

He suggests that the ideas acquired from Alpine experiences in regard to the pathology of mountain sickness are very imperfect. In Peru and Bolivia attacks known as "houna" or "sirroche" are ascribed by the natives to certain conditions other than simple altitude. Mule drivers avoid paths because they are "haunted" by houna, and again certain valleys are known for the frequent of sirroche. In one such valley the whole of the author's caravan was affected by the complaint. In La Paz, the capital of Bolivia, certain streets are known for the number of cases of this malady which occur there.

Sirroche consists in a condition of nervous excitation. It is not due to a deficiency of oxygen. as it may occur after a descent of 5,000 meters. It does not appear to depend upon muscular fatigue, as it is especially liable to appear in the night and disappear during the day.

It may be accompanied by hemorrhages which may attain to a dangerous degree. The author makes the interesting suggestion that the cause of this affection may be of an electric nature, such as electric discharges in the air. In support of this hypothesis he points out that the conditions favoring the accumulation of electricity are just those which predispose to the occurrence of this affection; mines and veins of metal in the hills, closed valleys, mountain peaks are liable to attract and discharge atmospheric electricity.

Evils of Lodge Practice.

From an article in the A. M. A. Journal,

The only possible solution of the evils of lodge practice lies in the unanimous refusal of all competent and self-respecting physicians to engage in such work. County and local medical societies should discuss this question frequently and, above all, dispassionately and impersonally. Senior medical students should be told that such methods as a stepping-stone to independence and a competency are disappointing and lead, in the end, only to degeneration and ultimate degrada-

tion. Leaders of lodges and fraternal societies should be shown that competitive methods in the selection of professional men can lead only to securing the cheapest and poorest professional services and that the lodge that pays a pittance to its medical service can expect to secure only services commensurate in value to the compensation given.

Above all, the public should be informed that the lodge doctor is not a safe man to employ, since the large demands on his time and the number of calls required of him effectually prevent him from keeping abreast of medical progress and cause him to degenerate into a distributor of pills and drafts, careless in his methods of examination and hasty and often inaccurate in his diagnosis. When these facts are known election as a lodge physician will no longer be regarded as a desirable step to an independent practice and the incentive for such ruinous and unprofessional competition will disappear.

A Year's Accidents.

The Interstate Commerce Commission has recently issued a bulletin which completes the publication of accident records for the past nine years. During the year ending June 30, 1910, 3,804 persons were killed and 82,374 were injured in train accidents, an increase over the figures for the previous year of 1,013 and 18,454 respectively. Collisions caused the death of 433 persons, an increase of 91; the total number of collisions being 1,450 more than the previous year. The total number of derailments was 5,910, with an increase of 79 deaths and 676 injured from this cause.

Prize to an Insane Patient.

An insane woman, a patient in the State Hospital for the Insane at Anoka, Minn., recently was awarded a prize for the best literary contribution submitted to a certain magazine. Under the circumstances the award—a trip to Europe—was of no value to the winner of the prize, and, therefore, she was given a cash prize.

Vaccination and Pin Scratches.

In a paper on vaccination by Dr. J. R. Snyder, of Birmingham, Ala., he says:

In the months of March and April of this year 60,000 people were vaccinated in the county. In a series of 60,000 cases of accidental pin scratches, there would, no doubt, occur several cases of septicemia severe enough to cause amputation and even death. In this community, there has never been an amputation made necessary or a death resulting from vaccination. Vaccination, then, is a much safer thing than a pin scratch.

Medical Society Attendance.

A speaker at the Cook County (Ill.) Society said recently: "Of the possible 450 attendants here, there never were one-third present. * * *

"One man said to me that the general practitioner does not come here because there is not a dollar in sight for him. This view is left for your own consideration."

Physicians and Lawyers.

There is too little consideration shown the medical profession by the legal. Should we desire their advice a retainer is demanded, while they feel entirely at liberty to take our time utilize our records, and profit by our experience and advice with no thought of payment It is for the good of our patient, you know; and we have knowledge of a case, where a lawyer charged in his bill $25 for time spent in consulting a physician relative to the case, and yet declined to pay the doctor an office fee of five dollars.

Some one will yet arise in the ranks of the medical profession who will dare to say: "Five dollars, please, if you desire my advice in this case, and fifty if I am called to court."

Physicians Blacklisted by a Medical Society.

The Syndicat des medecins de Toulouse came into conflict with the Federation des societes de secours mutuels in regard to the contracts with important societies. Three physicians accepted position with one of these societies, replacing physicians who had withdrawn. The syndicat put these three physicians on the "index" or black list; that is to say, it forbade all of the members of the syndicat to have any professional relations with those physicians under penalty of a fine of from $4 to $20 (20 to 100 francs), doubled in case of a second offence. One of the black-listed physicians entered suit against the president and secretary of the syndicat before the civil court of Toulouse for $20,000 damages (100,000 francs). The court sustained the syndicat on the ground that "the defendants were acting with no other motive than to prevent, by a useful, necessary and legitimate measure, defection in the ranks of physicians and to sustain the moral authority of the syndicats, guardians of professional rules."—Paris Letter in A. M. A. Jour.

In Memory of Dr. W. K. Newton.

A tablet has been placed on the walls of St. Paul's Church, Paterson, in memory of William K. Newton. The body of the tablet is of gold and antique blue effects, and the background is a field of blue luster favrile glass, to harmonize with the same.

The following dedicatory inscription is in gold mosaics in the centre: "In loving memory. William K. Newton, M. D. 1850-1910."

On the base are the words, "Erected by his friends."

Above the tablet in the wall is a glass mosaic cross, designed in proper proportion with the tablet.

Medical Missions in India.

Dr. William J. Wanlass, of Miraj, India, spoke in the Park Presbyterian Church on medical missions in India, October 30th. Dr. Wanlass is the head of one of the greatest medical institutions of the world, at Miraj. His associate is Dr. Charles E. Vail, son of Dr. and Mrs. William H. Vail, of 141 Second avenue.

In ten years' time the Miraj Hospital, which was a gift of the late John H. Converse, of Philadelphia, has treated over 30,000 patients.

Dr. Vail sailed from Newark for India in August, 1909. He is a graduate of Princeton University and the College of Physicians and Surgeons, New York City.

THE JOURNAL

OF THE

Medical Society of New Jersey

DECEMBER, 1910

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

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Ellis W Hedges, M. D., Plainfield

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

IMPORTANT NOTICE.

Date of Annual Meeting.

The Board of Trustees of the American Medical Association has recently decided upon the date of the annual meeting of that Association, fixing upon June 27th for the opening Session, continuing the sessions to and including June 30th, 1911, at Los Angeles, California.

As that is the same day fixed upon by our State Society for our annual meeting, the chairman of the Board of Trustees of the Medical Society of New Jersey, in view of the fact that many of our members, including some officers and prominent workers, and possibly some men of national reputation whom we might desire to present papers at our meeting, would like to attend the A. M. A. annual meeting, asks that our County Societies and any of their members will indicate their desire as to a change of date, and if in favor what date they prefer, and send notice to Dr. D. C. English, Secretary of the Board of Trustees, New Brunswick, N. J., before Thursday, January 12th, 1911, when the board will meet to fix the date, agreeable to our members' wishes.

A slip will be found on advertising page X., which secretaries of County Societies or individual members are requested to fill out, tear off and send to Dr. English. The first and also the second weeks in June, 1911, have been already suggested by a few.

By order of

Dr. C. J. Kipp, Chairman.

D. C. English, Secretary.

The editor again requests that all reading matter for the Journal—including papers read before medical societies; reports of societies and clinical cases; abstracts and news items—should be sent *direct to his address—New Brunswick, N. J.* Failure to do so compels us this month to defer insertion of some items till our January issue.

PRIZE ESSAY.

The Committee on Prize Essays has decided on Anterior Poliomyelitis as the subject for competition, open to members of our society, for the present year. Full announcement of the conditions of award will be given in the next issue of our Journal.

MEDICAL DEFENCE.

It gives us great pleasure to announce that under the system of Medical Defence of the members of the Medical Society of New Jersey, we have been successful in the first case undertaken by the society. The suit for malpractice brought against Dr John H. Bradshaw, of Orange, and Dr Arthur W. Bingham, of East Orange, jointly, last year, was postponed by the plaintiff from time to time, several offers of compromise having been made in the meanwhile by the plaintiff, at a very much reduced amount from that first claimed, but all compromise was declined, and recently the suit was withdrawn.

Another suit has recently been begun for malpractice against Dr. Charles W. Cropper, of Jersey City, and the society, through the councillors, the trustees co-operating,

are defending Dr. Cropper. There will be no compromise entertained by our society in this case, and we confidently expect another victory.

OUR CONGRATULATIONS.

The people of our State, by a decisive majority, have expressed their will through the ballot box, and we, with all good citizens, extend to Governor-elect Woodrow Wilson our own congratulations and, we have reason to believe, the hearty congratulations of the members of the medical profession of the State of New Jersey. We further give him the assurance that we will render him all the assistance in our power, especially in safeguarding and promoting the health interests of the State—one of the most important and responsible duties that devolves on him, and—in so far as helpful advice, influence and co-operation are concerned—on us as the logical guardians—by training and experience—in that department of government.

We express our special satisfaction in the fact that New Jersey will have at its head—in the Executive chair—a man eminent for his scientific knowledge, who is thereby qualified to wisely discriminate in the application of scientific principles and methods in safeguarding the lives and the health of the citizens of New Jersey; and a man who is able to appreciate the fact, which 144 years of our past history conclusively shows, that the Medical Society of New Jersey, in the activity of its members in seeking needed medical legislation has, and ever will have, the public good as its one great controlling motive.

We are assured by his character, his intelligence and his public utterances that we shall receive from Governor Wilson that careful consideration which our helpful advice and proffered co-operation shall merit—that is all we ask or desire—and that in our attempts to assist him and serve our State and its citizens we shall not have our motives impugned nor be subjected to personal indignity, nor will our honored profession suffer lack of proper public respect through his or our words and acts in our co-operative work.

We take the liberty of commending to Governor Wilson the one representative of our profession who has recently been re-elected as a member of the Assembly—Dr. William E. Ramsay—as worthy of his confidence as a consultant in proposed legislation of a medical character, and who will ably represent us and the committee on legislation of our State Society in reference to legislative acts that may be sought at the coming session of the Legislature involving the health interests of our State.

We also congratulate Dr. William E. Ramsay, Assemblyman-elect from Middlesex County, on his re-election by a largely increased majority over that of last year. We have heretofore spoken of the eminent ability displayed by him at last year's session of the Legislature, and our society has thanked him for his fidelity and for the excellent bills safeguarding our citizens' lives and health, enacted largely through his intelligent, laborious, self-sacrificing efforts. He will worthily represent us during the coming legislative session.

MERCER COUNTY SOCIETY.

It was the editor's great pleasure to attend the meeting and annual banquet of the Mercer County Medical Society, at the Trenton House, Trenton, November 15th. It was an evening of more than ordinary interest and enjoyment. At the meeting preceding the banquet, which was largely attended, Dr. Henry Beates, Jr., president of the Board of Medical Examiners of Pennsylvania, presented a paper on "A Consideration of a Few Fundamental Principles Applicable in the Treatment of Diseases of Disturbed Metabolism."

We are pleased to inform our readers that Dr. Beates has agreed to give us a copy of his valuable paper for publication in our Journal. It contains much information that is worthy of our careful study, which will enable us to more fully understand the

processes of metabolism and the scientific use of medicines in correcting its disturbances. We are convinced that the therapeutic nihilism expressed by some writers, who in their special fields of practice are able men, is due largely to their ignorance of the physiological effects of valuable drugs and their consequent lack of discrimination in the use of those remedies.

The banquet was one of the best we ever attended and spoke well for the reputation of the Trenton House and the judgment of the society's committee—Drs. Craythorne, Shepherd and Holcombe. The speeches which followed held the attention of the members till midnight. Dr. H. B. Costill, as toastmaster, performed his part well.

This society has within its boundary the capital of our State; one of its ablest members—Dr. T. H. Mackenzie—is the honored president of our State Society; within its borders is one of our noted State hospitals and some excellent local hospitals, and—as it ought from position and favoring surroundings—has a large number of able members who are upholding the honor of the profession by their ability and their manifestation of a spirit of unity and good fellowship in their associated relations as a society.

EHRLICH'S "606."

We insert on page 366 an editorial from the *Medical Record* on Ehrlich's "606" preparation. It will be seen that the writer does not accept with unquestioning faith all the claims that have been made for this wonderful discovery, but we believe he exhibits the proper attitude of the scientific man who accepts what is proven and awaits further evidence of that which is not clearly demonstrated.

It would seem at first thought—from a superficial investigation which is apt to jump at conclusions—that 3,000 cases treated by competent observers, with apparent good results, would justify the claim that Ehrlich's long, patient and laborious research has resulted in conferring on suffering humanity one of the greatest blessings of the century, as it gave promises of removing one of its greatest curses; but while we give him all honor for his efforts and for results already achieved, we should remember, as the *Record* points out, the failure of past claims for epoch-making discoveries and with careful study and expectant hope—exercising the judicial scientific mind—"prove all things: hold fast that which is good."

The rapidity with which it acts is one of the most remarkable—almost miraculous—features of this drug, one application often being sufficient, sometimes in cases of bad prognosis, even in malignant cases, where health was apparently restored in a few days or weeks. In many severe cases of syphilis in which mercury had failed, it has given at least temporarily restored health, but this brings up the question as to the permanency of cure which will require time to determine, possibly some years. We are told that the Wassermann reaction test has in only a small percentage of cases changed a positive to a negative reaction.

There are a few other points concerning this drug which require further study. Its method of application, whether subcutaneously, intramuscularly or introvenously. It has been said that the best results have followed injections into the gluteal muscles. Upon the question of the toxicity of this drug we still have insufficient data on which to base accurate judgment. There have been a number of deaths reported, and a few cases in which dangerous symptoms were observed, as referred to in the *Record* editorial, but it should be remembered that Ehrlich does not claim that the preparation is applicable in all cases of syphilitic disease, but has, on the other hand, said that it should not be used in cases where there is marked organic disease especially of the central nervous system and of the cardiovascular system. Ehrlich himself awaits the result of its application in 20,000 to 30,000 cases under competent observers, before passing final judgment on its proper use and before placing the drug on the market.

An abstract of a paper by Dr. Wilhelm Wechselmann will be found on page 367, in which he speaks of his use of the drug in parasyphilitic diseases, in progressive paralysis and in tabes.

CHRISTMAS WISHES.

We are approaching another blessed Christmas season which should be the cheeriest and happiest of all our seasons of rejoicing, because it points back to the beginning of all true satisfying joy that the Christian world has experienced, when He was born whom the Angel declared was heaven's gift of "good tidings of great joy which shall be to all people," and at whose coming the angelic choir sang "Glory to God in the highest and on earth peace and good will to men."

The editor sends greeting to every one of the Journal's readers, wishing each a very

Merry Christmas,

expressing his heartfelt desire that it may not only be a season of real happiness and good cheer, but also a season of deliberate resolve that the days to follow shall be full of the expression of kindliness, cheeriness, sympathy and helpfulness to others, especially toward our professional brethren, that by united and harmonious co-operation we shall honor our profession and uplift humanity.

In connection with the above we give the following extracts from an article in the *Camden Daily Courier* of October 29th, by "Francesca:"

Remembering that it is sunshine that makes the flowers grow and yield their richest colors, why should we let all the sunbeams remain without? We need them within the four walls of home, need the glad heart, the merry face, and, most of all, the will to be cheerful, even when the clouds hang low.

It is a continual feast to enjoy the luxury of association with one who is joyous and happy by nature and by habit, one who smiles even through tears and perpetually adds to the world's brightness.

It is wonderful to be able to contribute to humanity some mighty discovery that lessens labor, lightens suffering or adds a generous mite to world-progress; but don't we fail to appreciate the encircling power of cheerfulness, how it lightens dark places just as effectively as do the rays of the sun?

The cheeriness that knows and sings the melody of life is a wonderful gift, for the song is not limited to the singer—it reaches and uplifts all who are within its range. And if a merry heart makes a cheerful countenance it is no less true that a cheerful countenance is given reflection in hearts all around that are made merry by the gladsome vision.

In business or the professional world, cheery optimism removes half the difficulties and makes things freer, easier and far happier. A bright facial expression, a handgrip that denotes friendliness and a word that carries good cheer are assets that cannot be over-estimated and from a purely selfish, even a financial standpoint, it pays to woo them with all the vigor of determination.

One cannot be too prodigal with cheeriness; it grows as it is dispensed, and it is so heartening and delightful to be a beneficiary of human sunshine! And to be able and willing to send out the rays to a tired world is something to live for.

We have pondered these sentiments and esteeming them as worthy of remembrance and practice, we commend them to our readers' thoughtful consideration.

The Hartford (Conn.) Courant of November 19th has the following to say of Health Commissioner Dixon, of Pennsylvania:

When Governor Pennypacker chose Dr. Samuel G. Dixon, president of the Academy of Natural Sciences of Philadelphia, as commissioner of Pennsylvania's department of health, he made an admirable choice. Governor Stuart kept Dr. Dixon in office and it is believed that Governor-elect Tener is disposed to do the obviously right thing in the same way. Dr. Dixon is a progressive health commissioner and the story of his success is told in statistics showing Pennsylvania's falling death rate.

It is always a pleasure to us to see the lay press commending worthy medical men for faithful service in official positions. The judgment *The Courant* passes on Dr. Dixon's ability and work is merited. We congratulate the citizens of our neighboring State that their health interests are committed to so competent a commissioner and that the State is supporting him by making liberal appropriations and thereby enabling him to carry on the work successfully.

Physician Elected Governor.

Lieutenant-Governor John A. Mead, Rutland, a retired physician, was elected Governor of Vermont on the Republican ticket by a plurality of about 17,000.

Agents' Calls at Doctors' Offices.

We take the following from The Medical Vorld, October, 1910:

Dr. K. N. Kibbie, of Fort Worth, Texas, onws how to save both his own time and that f others. He has the following in a neat ame of 1½x2 feet, hanging in his office:

To my Callers.

I never purchase books or magazines from gents. If I can't buy them direct I do not ant them.

Don't Solicit.

I want no more insurance and do not care to iscuss it.

Don't Solicit.

I do not endorse checks or loan money. anks loan money and I am not in the banking usiness.

Don't Solicit.

I have my own plans for collection and do ot use agencies and do not expect to.

Don't Solicit.

I want no stock in Gold Mines, Rubber Plantions, Oil Wells, Fruit Farms, etc. The etc." covers everything else.

Don't Solicit.

Representatives of pharmaceutical houses lways welcome.

Advances in Medicine—Past and Future.

Dr. J. Mitchell Bruce, of London, England, n closing his address in medicine, at the anual meeting of the British Medical Association, uly, 1910, discussed the influences concerned in he causation of disease, dividing them into hree heads: (1) The cause which we called essential, the specific infection, an extrinsic influence; (2) the patient's resistance to the specific infection, an intrinsic element, and (3) the ncidental or concomitant circumstances, which vere of great variety both in kind and in their nanner of action, and which were peculiarly the province of the medical practitioner, whose duty t was to know the circumstances and life-history of his patient, and to recognize that what ve dignified with the name of natural resistance vas but the product, after all, of all the influences that had befallen the man—racial, congenital, and personal. Reference was then made o the almost countless disorders of the different systems, especially the nervous system, outside of the acute infections, with which medicine must deal, and the question was considered s to how far it was possible to trace the common diseases to the common influences around us; and here the practitioner had the field in great measure to himself. He approached each case in the spirit of a naturalist, seeking the assistance of the pathologist when necessary. After citing many instances in which the naturalist method was now employed, Dr. Mitchell Bruce concluded this section with the remark: "We are no longer satisfied with what may be called the 'anatomical' stage of diagnosis, but must press our inquiry deeper and do our best o discover in what the anatomical change originated. The minds of the profession will not rest until the cause of cancer has been found."

The speaker said that though much had been done in the past, much more yet remained to be accomplished, and a great part of it was waiting to be done by the family practitioner. Conviction of the importance of etiology must carry with it a sense of duty. Everything could not be left to the bacteriologist. General practice was the most fruitful and promising field for the study of the natural history of disease in the living body.

Recent Progress in Medical Sociology.

Dr. Charles H. Miner, Wilkes-Barre, in the Oration on Medicine at the Pennsylvania State Society's annual meeting, said: "The medical profession in this country has probably done more for the benefit of the people and for its own reputation in the past few years through sociology than in any other field of their labor. In this connection may be mentioned the tuberculosis campaign, medical inspection of school children, the temperance movement, the prevention of cancer, and of venereal diseases. Social service in connection with hospitals has great possibilities. We may consider also in this connection the interest taken by the medical profession in industrial insurance and the employer's lability law, and the campaign for the prevention of infant mortality with special emphasis on the value of a clean milk supply.

The Physician and the Public.

It is pointed out by Dr. Brown, in the Missouri State Medical Journal, that the most important problem concerning the dignity and material welfare of the medical profession today is to convince men, women and children that we are striving to be helpful and protect them from the disasters following ignorance, superstition ,incompetence and disease; that while physicians live by their work, they still sacrifice for the public service much in their lives that men hold good; that they are seeking after medical truth, and desire the fellowship of all who are working for the same great object. If this were the fixed belief of the public the advice and desires of physicians would be speedily translated into laws regulating the profession and protecting the public health. Physicians would not then plead in vain for securing the higher standard of education, morality and scientific attainments for the medical profession. Protests against the use of preservatives in food products would not be ignored by competent lawmakers. The triumph of the profession in conquering pain, sepsis, smallpox, yellow fever, malaria, diphtheria, rabies; in robbing all the infectious diseases of many of their terrors; in creating a substantial hope for many now tainted with the white plague; developing the astounding successes of modern surgery, would be acclaimed the highest and most useful achievements of mankind.

Definition of the Practice of Medicine.

Need of a definition of the practice of medicine is becoming more and more acute, but unfortunately no two States seem to agree. The foolish jurist, who decided that none practiced unless they prescribed drugs, opened the eyes of the medical profession and of the laity, to the danger to public health from the bench itself. There is a unanimous demand for a definition which can be adopted in each State as a part of the medical laws for the purpose of excluding the unqualified. A committee of the American Medical Association has suggested the following: "A person practices medicine and

surgery within the meaning of this act, who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, physical or abnormal mental condition and who shall either offer or undertake by any means or methods to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, abnormal mental or physical condition." This definition is certainly far shorter than any of those devised by lawyers to cover all special cases which now escape punishment for misconduct, but it does seem that though there was a unanimous objection to including definitions of limited practice or licensing such people after examination, it would be wiser to follow the general trend of placing every one under control no matter how little he does—even the chiropodists and barbers.—American Medicine.

Commissions.

The question of commission for referring patients to specialists or on prescription, has been frequently discussed in medical circles. It is generally conceded that the receiving of a commission by the attending physician is reprehensible to the highest degree, and for the following reasons:

1. A commission may and usually does influence the recipient in sending the patient to the highest bidder.
2. It is a petty form of graft with its demoralizing influence.
3. The patient is not aware of the extra tax and consequently has no voice in the transaction.
4. It is a cowardly and dishonest act which cannot but make both parties to the transaction cowardly and dishonest.—A. R. in Delaware State Medical Journal.

Duties of Physician.

We would not only be torch-bearers for the enlightenment of the people, regarding their bodily and mental welfare, but should also be the guardians of the public health. Although at all times recognizing the rights and liberties of the people, it is our duty to enforce the laws of sanitation and to protect the people from their own ignorance and from the dangers of designing quacks and unscrupulous pretenders. —M. B. Heyman, in Long Island Medical Journal.

Correspondence.

Dr. Soresi on Dr. Gray's Paper.

Editor of the Journal of the
Medical Society of New Jersey:

In the last issue of your Journal, Dr. Frank D. Gray, in an excellent paper on "Surgical Mishaps," has referred with very kind words to a method of intestinal anastomosis, which I presented at the last International Medical Congress in Budapest. Dr. Gray, referring to the method, says: "A recent device of Soresi of New York, on account of its simplicity, economy and effectiveness, bids fair to rival and perhaps supersede the Murphy button for end-to-end anastomosis;" and further: "All suture union is naturally the ideal method in the hands of a surgeon who has perfected the technic by practice on animals or the cadaver."

Dr. Gray has certainly, like many others, been misled by the impression that the rubber tube used to support the catgut loops represents a mechanical device. Dr. Gray is perfectly right when he says that the suture method is the ideal one, and I really think so much of my method only because it is a suture method, in no way intended to substitute the Murphy button or any other mechanical device, but on account of its many advantages over the other suture methods, to substitute them. And I think that a few words will convince any one that it is a plain suture method. Any mechanical device holds the two ends of the gut together by means of screws or springs; in my method the ends of the gut are held together by means of a row of linen or silk mattress sutures and the serosa is inverted by pulling the catgut loops of the rubber tube; nothing mechanical then, but exactly the silk or linen and catgut threaded on a plain seamstress needle as used by the surgeon in every other operation. The method is a suture method which differs from the others only because a single row of suture is necessary; there is no necessity of any Lambert stitch; it requires but from four to five minutes to complete an anastomosis; does not present any difficultiy in approximating and inverting the serosa and the dreaded mesenteric angles are taken care of very easily because by a special stitch and by pulling the catgut loops, the dead spaces are insured in such a way that there is no possibility of leakage. I understand that it is difficult to see all these points by only reading the description of the method, but I think that the paper which I published in the September number of the American Journal of Surgery is sufficient to give a clear idea of the procedure, and convince any one that there is nothing mechanical about it; its effectiveness on human beings has been proved by about twenty cases operated on and all but one successfully by different surgeons, including the writer.

Yours respectfully,

A. L. Soresi, M. D.

20 W. 47th Street.

Editorials from Medical Journals

Ehrlich's Preparation, No. 606.

Editorial from the Medical Record.

It is very natural that the announcement of the discovery of an absolute and practically instantaneous cure of syphilis, as claimed by Ehrlich, should have aroused wide-spread interest among the general public as well as in the medical profession. Indeed, next to that of a specific for cancer, perhaps no discovery would be more welcomed by the laity than that of a cure for lues in any stage or form and an immediate cure—a cure of syphilis while you wait, as it were. As told by the Berlin correspondent of the Medical Record a few weeks ago, this alleged specific is an arsenical preparation—dioxydiamidoarsenobenzol, to be exact; or dimethyldioxyarsenobenzoldichlorhydrate, to be perhaps more exact. It was obtained not by accident, but after a long series of experimental and chemical operations, 605 indeed, the final successful product being, therefore, called 606

it is also called in honor of Ehrlich's assistant, Hata-preparation.

We need not review here the results of the early experiments with this remedy, for they are of a monotonous sameness, the preparation having already been employed in over 2,000 cases with apparant improvement, if not cure, in all. Whether, when the opening chorus of approval has subsided, some unsuccessful experimenters will be found who could not make themselves heard at first, the future will show. It was stated in all the early reports that the remedy had absolutely no bad effect on the human organism. It is, of course, possible—all things are possible, even a safe æroplane—that a substance may be so poisonous to the protozoan parasite of syphilis that it will destroy every one in the human body, yet will spare every cell and tissue of the host, but it is not probable. Atoxyl was thought at first to be innocuous to man while destructive to the trypanosome, but suddenly it was found to cause irremediable blindness, not to mention paralysis and other troubles. Two thousand men in central Europe may have as yet shown no ill effects from the remedy, but experience has taught us that the dangers of a new remedy are not always apparent at first. The dead from tuberculin bear mute witness to this fact.

Already Bohac and Sobotka, two Prague clinicians, raise a warning voice against a too complacent sense of security with regard to this remedy. They report in the Wiener klinische Wochenschrift of July 28 three cases out of fourteen in which "606" was used, in which more or less alarming symptoms arose. In all these there was retention of urine from vesical paralysis, lasting from twelve hours in one case to over nine days in another, and in two of these there was a trace of albumin in the urine; in all three cases there was loss of the patellar and the other usually tested reflexes; in the three there was also complete obstipation; moreover, in two rectal tenesmus was most troublesome. The authors note that these symptoms are very like those caused by atoxyl (not referring now to the blindness), a substance also containing, like the Hata-preparation, amidobenzol and arsenic groups. To this report Ehrlich telegraphed an answer published in the same journal of August 4. He does not deny the facts, but says that those to whom samples of the same make as that used by the Prague reporters were sent were unanimous in saying that they observed no such symptoms, which proves or disproves nothing.—Medical Record, Aug. 20, 1910.

Ehrlich's Dioxydiamidoarsenobenzol (606) in Treatment of Syphilis.

The New York Medical Journal, Sept. 3, 1910.

Dr. Wilhelm Wechselmann treats of this subject. The following is a brief extract of it:

Visceral lues shows quick recovery, especially syphilis of the testicles and of the brain (epileptoid attacks). Icterus which has existed for a considerable time disappears in ten days. Syphilitic growths of the larynx which had produced such severe dyspnea and stridor that the case was received as one for tracheotomy disappeared quickly and remained only as solid infiltrations, which were treated four weeks later with a second injection; and edema of the larynx, of which we were very much afraid at first, did not occur. Two patients with tumors from cerebral lues stood the injections well, although the symptoms were very severe. The same was the case with two patients who had only lately suffered a luetic apoplexy and a patient with a leutic apoplexy a few weeks old; these three cases plainly showed improvement.

As to the parasyphilitic diseases the author has not observed marked results in cases of progressive paralysis. In tabes a quick improvement has been plainly noticeable. In advanced cases there is little hope for success.

The author has not observed bad after effects of importance, but it has been found that otherwise light infections, such as those with coryza or angina, even if they appear on the ninth day, are accompanied with very high fever, with a temperature from 104 to 105.8 degrees Fahrenheit. Patients with a weak heart should, therefore, be carefully guarded; besides, in such cases the injection seems not to be without danger. Otherwise, the influence of the remedy appears generally to be of an exciting and invigorating nature. It can, therefore, be given with benefit to very miserable patients, as, for example, to the tuberculous, in contradistinction to mercury.

Dioxydiamidoarsenobenzol is dissolved by triturating in a mortar from 1 to 2 c.c. of a soda solution, when, by adding acetic acid in drops, a fine yellow paste is precipitated. This precipitate is then made sterile and dissolved in from 1 to 2 c.c. of distilled water, and neutralized by the addition of 0.1 normal soda solution or 1 per cent. acetic acid, according to a very carefully ascertained reaction with litmus paper. The absence of pain depends upon the exactness of this neutralization. The deposit is centrifugalized and the paste which has been deposited at the bottom of the glass is shaken up with a physiological sodium chloride solution. This mixture is drawn into the syringe and slowly injected subcutaneously below the shoulder blade in a place which has been made aseptic and treated with tincture of iodine. The injection does not produce a sensation of pain, but a few hours later there will occur a nervous pain of varying but not excessive degree. On the third or fourth day there will appear a reactive swelling of a varying degree, sometimes with reddening.

National Department of Health.

(From American Medicine, May, 1910.

The proposed National Department of Health bids fair to have anything but clear sailing; and yet Senator Owen's bill is so conservative in tone and withal so sensible and comprehensive that it is difficult to understand how any person of sense and unbiased judgment can offer serious objection to its becoming a law. The present scattered arrangement of the various government bureaus or commissions concerned with public health matters is little short of ridiculous. Not only does this condition cause an enormous waste of time and energy, but it must necessarily lead to confusion and a decrease in efficiency. It has long been inexplicable why the Marine Hospital and Public Service should be under the control of the Treasury Department, any more than why the Bureau of Chemistry, charged with the general interpretation of the Pure Food and Drug Law, should be a part of the Department of Agriculture. The whole situation is a reflection on

systematic government and cannot be corrected too soon for the best interests of the American people. A single department or bureau should straightway be organized to take over the at present widely scattered health agencies, and henceforth continue them under a central head. In this way only can the activities of the various agencies be utilized to the greatest advantage. All this has been pointed out repeatedly by the Committee of One Hundred under the able leadership of Professor Irving Fisher of Yale, and by the progressive medical journals of the country. Repetition will do no harm, however, and it is certainly excusable in view of the needs of the situation. It should occasion genuine satisfaction that Senator Owen's bill at last gives Congress a chance to effect the reforms that are urgently needed, and provide the country with a good, broad-guaged health law commensurate in every way with the importance of the proposition.

But now comes opposition from a so-called National League for Medical Freedom, headed by B. O. Flower, of Boston. In extensive advertisements in the daily press, the movement for a national department of health is stigmatized as pernicious legislation in the interests of the "Doctor's Trust!" Not only is the American Medical Association thus dubbed, but this splendid institution is further maligned in the most atrocious and malicious way. This attack unquestionably emanates from the New Thought, Christian Science and other faddistic schools of healing, who, not content with freedom to follow their own teachings, must thus endeavor to hamper the great and noble work that the legitimate medical profession are doing in their honest efforts to prevent disease and promote the physical welfare of the whole American people.

That this opposition will attract every force and interest fighting the Food and Drug Act and other national and State laws looking to sanitary supervision and improvement, goes without saying. Whether the bill for a national department of health and the institution of broad effective laws regulating the quarantine, sanitary and public health matters of the country can weather the opposition created (1st) by those who seek to foist all manner of freak "pathies" on the people; (2nd) by the food and drug sharpers who resent supervision, and (3rd) by all others who seek to prey on the ignorance or innocence of the public, only time can tell.

But when one stops to consider the enormous work that has been unselfishly done by the medical profession through its national and State organizations in giving to the people the benefits of such splendid legislation as the Pure Food and Drug Act, it seems the height of injustice that honest faithful efforts should be so fearfully maligned and so seriously handicapped.

"What's the Use?"

Why should we, the honest, hard-working medical men of the country, go on fighting so strenuously to prevent disease and cut down its ravages? Try as we may our motives are misconstrued, our most earnest efforts are looked upon with suspicion, and our results are belittled and besmirched.

Why should the medical profession keep on fighting to protect the people from their own follies, when success means a decrease of di ease and an inevitable decline in profession incomes? Why do we go on striving to pe fect health laws when such laws rob us of ou means of livelihood?

The answer is not difficult to determin Every earnest physician merges himself in h work as do men in few other callings. Th practice of medicine is a humane professio All unconsciously the spirit of unselfishnes creeps into a true doctor's life, and sooner c later he finds himself living not for himself, bu for humanity. There are plenty who will sco at this and ridicule the idea. But every docto who reads this knows that there is an exalta tion felt by those who minister unto the sick an suffering that makes the active practice of med cine the most gratifying, most satisfactory cal ing on earth. It is good to be a doctor of med icine, to feel the responsibilities one is forced t assume, and then to realize the trust and conf dence that patients give to us in their hours c greatest distress and anguish. It is these ver things that make the practice of medicine en nobling in many ways that only those engage in its pursuits can understand. If the laity coul only grasp and analyze the psychic effects of th sense of personal responsibility that becomes real force in every honest doctor's life, ther would be a great deal more sincere respect en tertained by those who are now all too pron to criticise and condemn.

And so in spite of being misunderstood, c being slandered and falsely accused of the bases motives, every earnest physician will go o fighting for the right as he sees it. Let th jackals howl and the snakes hiss, our duty i plain and whether we win or not we can neve be robbed or cheated of the benefits that in variably accrue from doing our best. The tru apotheosis of medical practice has ever com from its least appreciated and sometimes mos actively combated efforts in behalf of indiffer ent or unwilling humanity.

Medical Inspection of Juvenile Criminals.

Editorial in the Medical Record, March 12, 191

Perhaps the greatest advance in recent year in the criminology of the young has been mad by the establishment, in many of the large cit ies, of the children's courts, by means of whic the youthful offenders not only are kept apa from the older and more confirmed criminals but also are brought in intimate contact wit justices and with charitably inclined person who have made especial studies of child psy chology, whose influence, properly exercised has done much to rescue many children an youths who have taken their first step in th paths of crime. That those who are intereste in this movement are not content with wha they have already done, but are anxious to con tinue and broaden their work and to place thei movement on an even better and more scien tific basis, is shown by the report recently sub mitted to the Mayor of New York City by th secretary of Division I of the Children's Court over which Mr. Justice Deuel presides. I this report it is suggested that a hospital b founded in connection with the court to whic all children who come to the court may be re ferred; there they will be thoroughly studie by competent physicians in order to determin to what extent the moral laxity may be due t

hysical defects, and wherever possible to cor-ect such bodily ailments as may be discovered. he report says in part: "It has long been nown scientificallv that many adult criminals re victims of conditions, acquired or heredi-ıry, which result in a mental disturbance pre-isposing them to the development of criminal endencies. With such cases the time for relief, curative or meliorating remedies are possible, in youth, and at the first indication of crimi-al tendencies, and the best opportunity, there-ore, is through the Children's Court, whereto ıch unfortunates will naturally drift. It can ıus be early determined with suitable medical xpert assistance whether the difficulty is cur-ble or incurable. Cures will be less expensive the public than confinement in charitable in-itutions and later on in reformatories, prisons nd workhouses. The ascertainment of incura-ility will be of value when youth ripens into ll maturity. There are also cases of feeble inds that come through similar causes and re susceptible of help sufficiently to stop the riminal inclination. The court has been ex-erimenting somewhat in this direction and has he subject under most careful consideration. It icks proper facilities for determinng the value f such work. There is no institution to which uch children ordinarily may be committed that ossesses such facilities in any proper degree." he establishment of such an institution would ertainly seem to be a step in the right direc-ion, and it is earnestly to be hoped that the roposition will be crowned with the success which the enthusiasm of its promulgators so ichly deserves.

Editorials from the Lay Press.

Diseased Philosophy.

Editorial from The Observer of Hudson County, October 6th.

According to one modern writer, who seems o be suffering from a disordered stomach or iver, "Life is a lingering disease; it has but one ure—death." Any person who could write in uch a strain as that, and mean it, or write it ven as a joke for others to read, should call n a specialist, and, if the specialist finds noth-ng wrong with his digestion, his friends should ummon a committee of experts to make an xamination.

Life is not a lingering disease. It may be a urse or a scourge to have certain people roam t large and utter anything their disordered nind invents.

But it cannot be said that a condition, in which we are permitted to work, to have friend-y intercourse, to watch the changes in the clouds, hear the rustle of the leaves and the songs of the birds, is disease. Such privileges mean life and joy and pleasure of which death can only rob us.

Can anyone say that to experience the love of a mother is a disease? Can anyone tell the mother that her joy in her offspring is merely a manifestation of a lingering ailment? No! The philosophy of this writer is diseased.

Medical Education Again.

Editorial from the New York Tribune.

The latest number of The Lancet, which is devoted to the subject of medical and surgical education as a "students' number," affords a suggestive comment upon the recent controversy in this country over the standard of medical education in various schools and universities, and indicates that in the United Kingdom a standard prevails which warrants by example insistence upon the highest standards which the best American institutions have set up. Only a few years ago our medical colleges were generally granting the M. D. diploma to students of two years' standing who had begun with little if any more than a grammar school education. Now a four years' course is generally required, for which practically all reputable institutions exact a preparation equal to that required for a college of liberal arts, while a large proportion require two years of actual college work, and at least one makes the completion of the college course and the receipt of the baccalaureate degree necessary for entrance. Let us compare this with the British system.

The General Council of Medical Education and Registration, which has in charge the registration of students and practitioners, the prescribing of standards of scholarship and the removal from the register of practitioners guilty of "professionally infamous" conduct, requires for entrance upon a course of medical study a rigorous examination about equal to that which is here required for entrance to college. Thereafter there must be five years of study before the first, or baccalaureate, degree in medicine is granted, and further study and examination for the doctor's degree.

There are in the United Kingdom twenty-two universities and other bodies which the General Council recognizes as competent to register, examine and graduate medical students, and most of them exceed the strict requirements of the council. Thus Oxford gives the M. D. degree only to those who have taken the A. B. degree and thereafter have given thirty-nine terms, or thirteen years, to university study. Cambridge gives the bachelor's degree in medicine after five and the doctor's after eight years of medical study. London University requires five and a half years for M. B. and two more for M. D. Durham demands five years for M. B. and two years of subsequent practice for M. D. Birmingham and Manchester are content with nothing less than five years for the first degree, and grant the second a year later.

These facts are a reminder of the decided difference between the degree of M. D. in Great Britain and in America. Here it is granted at once to the medical graduate without a preliminary baccalaureate degree, and possession of it is generally if not universally prerequisite to engaging in independent practice of the profession. In the United Kingdom, on the contrary, there is a baccalaureate degree in medicine, and the doctor's degree is not essential to practice. Indeed, we believe that many competent and even eminent practitioners never receive it, or certainly never make the common use of it which prevails in this title-loving country. The appropriate comparison is therefore between the British M. B. and the American M. D., and it appears that on the whole the requirements for the former are a little higher

than for the latter—five instead of four years of study. That fact will generally be accepted as confirmatory of the wisdom of insisting upon at least a maintenance if not, indeed, a further advancement of our best standards of medical and surgical education.

Infantile Paralysis.

From the Bayonne Herald, August 4th.

Washington, Aug. 4.—The medical department of the government is investigating carefully and scientifically the epidemic of infantile paralysis which prevails here and in some sections of several States, including New York City and towns in Pennsylvania, Massachusetts and Iowa.

It will surprise even many physicians to learn that the government experts believe that infantile paralysis is both infectious and contagious, certainly infectious. Although the disease is not often fatal, its appalling feature is that many children affected are permanently crippled or deformed, robbed of speech or hearing.

In a word, infantile paralysis is not a slaughter but a mutilation of the innocents. It is helping to deprive the Republic of its future strong-minded, able-bodied men and women.

The experts have decided, too, that infantile paralysis is caused by a germ which remains a mystery to science, for it has not been isolated. The disease usually appears during June, reaches its greatest prevalence during July and August, and subsides in September. There are more than five hundred cases in this city.

The affection commonly attacks children under five years of age and so gets its name. But occasionally an adult is its victim.

Our Trained Nurses.

From the Observer of Hudson County.

A distinguished French surgeon, who has been making a tour of the United States, has returned home full of praise for our hospitals, medical service generally, and particularly of our trained nurses. He says that there is nothing in the German, English or French hospitals to equal that which he found in ours.

The American nurse is a lady, and is on the same social plane as the doctor or the wealthy patient. She receives a great deal more consideration than the same attendant would in the European hospitals.

In Paris a head nurse receives only $16 a month, while in the United States the same grade of service brings from $100 to $120. A Parisian family would not think of allowing a nurse to dine at the family table, nor could a young man marry a nurse without hopelessly lowering himself.

It is quite different in this country, and the professor thinks that possibly the best road to a happy marriage is by way of service in this capacity.

Maintaining Purity of Potable Waters.

From the Newark Evening News.

The right of a State to maintain the purity of its potable waters by prohibiting cities from polluting them with sewage has once more been affirmed in an important case in the State of New York. The city of Rochester, with about 230,000 inhabitants, poured its sewage into the Genesee River, which, in turn, emptied its co tents into Lake Ontario. The contention the city authorities was that the lake was su a large body of water that all the untreat sewage of Rochester could not perceptibly co taminate it, but the State Health Board did n agree with this contention. The result is, aft several years of contention, that the city mu build sewage disposal works, which shall under the supervision of the State Commissio er of Health, and his subordinate officers. Tl residue from these beds will be allowed to flo into the river and lake as long as it is ino fensive and innocuous in the judgment of the officers, but as soon as the Health Commi sioner deems it necessary he may withdraw eve this concession, and demand the improveme of the beds. The value of pure water, as public asset, is coming to be thoroughly unde stood and appreciated, and cities are being con pelled to cease polluting and destroying th asset.

Medico-Legal Items.

Aider in Abortion Punishable as Principal.

The Supreme Court of New Jersey says tha it was contended in State vs. Wilson (75 Atl. R 776) that the history of the statute of that Stat passed in 1872, and now in force, was such a to compel the conclusion that the Legislatur intended to legitimize the procuring of abor tions, or at least to grant immunity to all wh knowingly aided or assisted in the commissio of such offense. This rather startling proposi tion was based on the circumstance that th original act of March 1, 1849, contains the words "and every person with the like intent know ingly aiding and assisting such offender or of fenders," which were omitted from the act o 1872. But the courts suggests that the Legisla ture may have concluded in 1872 to retain th principal offense only with its legal incidents a to who were to be held as principals in th commission of such misdemeanor. As betwee this intelligent and officious purpose on the par of the Legislature and the imputation to it o an express intention, if not to legitimize, a least to condone one of the gravest offense against society, the court, as a co-ordinate branch of the government, ought not for a mo ment to be skeptical. So it is held that if A directs a woman in an early stage of pregnancy —i. e., before the child is quick—to go to B to have a miscarriage produced, which is accomplished by B by the use of instruments, A may be indicted as a principal offender under the New Jersey statute, and, on proof of a concert of action between him and B, may be convicted under the rule that all concerned in a misdemeanor are equally guilty.

A Ruling Against Osteopathy.

Justice Putnam, of the Brooklyn Supreme Court, on August 26, handed down a decision in the case of Charles F. Bandel, an osteopath, who applied for a mandamus to compel the Board of Health of New York to grant a burial permit on a death certificate signed by him. Justice Putnam upholds the demurrer of the corporation counsel, and sustains the action of

he board. In a memorandum accompanying he decision Justice Putnam says: "While the tate has wisely allowed the practice of ostepathy, it does not follow that it thereby holds ut one, without any practice in surgery or exerience in prescribing drugs, as fully qualified o certify the cause of death. Indeed, it is not ertain that a board of health would be comelled to take the certificate of death of all liensed physicians in the event of an epidemic r the spread of some new and mysterious disase. Granted that the theoretical education of e osteopath is of a standard equal to that of a octor of medicine, after he enters on his proession his practice is restricted, so that it does ot appear that he can make the tests by examation of blood and tissues by which alone any diseases can be certainly detected. The anitary code is discriminatory, but the discrimation is not personal and arbitrary. It is ased on a limitation which the osteopath may e said to make for himself, and deprives him of o rights which he ought to exercise consistent ith the public safety."

legal Practice of Medicine by "Masseur Doctor" —Texas Law Explained.

The Court of Criminal Appeals of Texas says, n Newman vs. State (124 S. W. R. 956), that he evidence showed that said Newman insertd in a local paper an advertisement which read: Prof. J. M. Newman, the Masseur Doctor, has ocated," etc. "He is the doctor that cures conumption, appendicitis, as well as all other diseases. Now is your time to be healed. Come nd see him while he is here." Soon thereafter e undertook to treat a number of persons for undry ailments, including warts, fever, kidney iseases, and stammering. Testifying in his own ehalf, he stated that he was a doctor and a reat one; that he could cure the diseases that he M. D.'s could cure, and the diseases that hey could not cure; that he had treated various atients of various ailments, and received pay or his services in so doing; that he never used r prescribed medicine in treating his patients; hat he used only the massage treatment; that e only rubbed patients for their ailments, and t no time pretended to be a physician or surgeon; that he did not practice medicine, but was pposed to the use of any medicine to effect ures. It was shown by the clerk that he had iled no license or authority to practice medicine.

Section 10 of the Texas medical practice act f 1907 provides that the act shall not apply, among others, to masseurs, in their particular phere of labor, who publicly represent themelves as such. A fair analysis of section 13 lassifies the practitioners who shall be subject nd amenable to the law. First, it includes any ne who shall publicly profess to be a physician, nd claim to effect cures by any system or nethod; and, second, those who shall treat or ffer to treat any disease by any system or nethod, or to effect cures thereof, and charge herefor. Evidently the words "system or nethod" were intended to be wide enough in heir scope to reach any and every school of nedicine, whether based on the administration f pills, potions, or pellets, or the modern—as nany persons believe, excellent—system of ostepathy or massage. The history of legislation n this subject in Texas shows that heretofore he Legislature, in dealing with the practice of medicine, had attempted to classify the different branches, and provide for boards for the different schools. Evidently the ineffectiveness of these laws was brought to public attention, because it is certain that the Thirtieth (1907) Legislature, with a view of closing every avenue of escape on technical grounds, and for the protection of the public health, as well as individual citizens, against the quack faker and charlatan, undertook to provide that any person shall be regarded as a practitioner of medicine who professes for pay to cure any kind of disorder or injury by any system or by any method.

The first statement in the advertisement put out by the accused characterized him as a masseur doctor. He advertised himself to be the doctor and to cure consumption, appendicitis, as well as all other diseases, and warned the public, "now is your time to be healed." Pursuant to his invitation, many people did call to see him, to be healed of their troubles. Can it be said that this man was not holding himself out as a physician, as one who treated and cured diseases? Can it be said that he did not, in the sense that the Legislature understood this term and method or system of treatment, know he was not exempt on the mere ground that he did not use drugs and medicines or surgical instruments?

He was charged with unlawfully engaging in the practice of medicine without having first registered and filed for record the certificate required by law. He was undoubtedly guilty under all the proof, and a judgment of conviction is affirmed.

Giving Medical Treatment for Eyes, Practice of Medicine—Admissibility of Evidence—Advertising Claiming to be an "Ophthalmologist" No Defence.

The Kansas City Court of Appeals says that the evidence in the case of State vs. Blumenthal (125 S. W. R., 1188), tended to show that the defendant had an office in a hotel, and that on his door was the sign, "Dr. H. M. Blumenthal;" that a woman went to his office and engaged him to treat her eyes, he telling her that she had a cataract, astigmatism, and other ailments of the eyes, which he treated by prescribing ointments or salves and eyewashes, for which he charged her $10; that he likewise furnished and fitted eyeglasses, for which he charged $15. The eye medicine was sent to her by her brother at one time and delivered personally by the defendant at several other times. In view of such evidence, there can be no doubt that the defendant was practicing medicine within the meaning of the law.

It was decided by the Supreme Court of Illinois (People vs. Smith, 208 Ill., 31) that a traveling optician who invited persons, by advertisements, who were afflicted with dizziness, neuralgia, etc., to visit him and obtain relief by purchasing spectacles, and disclaiming medical or surgical treatment, was not treating, operating or prescribing for physical ailments under the statute of that State. That was no more than to say that one who merely sold and fitted eyeglasses was not practicing medicine, and the trial court gave such declaration of law in this case. But the facts which the evidence tended to prove against the defendant in this case were that he not only sold and fitted spectacles, but gave medical treatment for the eyes.

Objection was made to the admission of the evidence showing the sign at the defendant's room door at the hotel, as set out above, but the ruling was proper. It tended, connected with the other evidence, to support the charge made.

The trial court likewise properly admitted evidence of the defendant advertising as a practitioner of medicine. It is true that the Missouri statute constitutes the act of advertising as a physician as an offence within itself, yet that fact does not exclude the fact as probative of the offence of practicing. The fact that evidence having a tendency to prove the offence charged may also tend to prove some other offence not charged does not necessarily render it incompetent.

There was some claim made by the defendant that he was an ophthalmologist. If that be accepted as true, it would not serve him any purpose since that is a branch of medical science, and its practice would fall within the terms of the statute. That term seems to signify some disease or diseases of the eye, and the court can see no reason why one who prescribes medicine for such diseases would not be as guilty as by any other name. It is the act committed, and not its designation, which constitutes the offence.

The court was not impressed with the defendant's argument as to lack of proof as to his practicing. His sign, office, advertisement, treatment for a considerable period of the prosecuting witness was ample evidence.

Charitable Hospital not Liable from Pay Funds for Negligence of Nurse.

The Supreme Court of Pennsylvania says that the case of Gable vs. Sisters of St. Francis (75 Atl. R. 1087) was brought to recover damages for the scalding with hot water of a young woman on whom an operation had just been performed and who was still unconscious and helpless, the water having escaped from a hot-water bottle placed beside her by a nurse. But it is a doctrine too well established to be shaken, and as unequivocally declared in Pennsylvania as in any other State, that a public charity cannot be made liable for the tort (wrongful act) of its servants. The doctrine rests fundamentally on the fact that such liability, if allowed, would lead inevitably to a diversion of the trust funds from the trust's purposes. The fact that a hospital receives pay for a certain class of patients detracts nothing from its character as a purely charitable institution. It was wholly immaterial that the plaintiff who here complained of injury was admitted as a pay patient. It was insisted, however, that the reason for the rule did not obtain in this particular case, since she had filed a paper in the court below disclaiming any right of execution against any fund of the defendant corporation held for charitable uses and all income of said corporation other than that received from pay patients; and had asked that the verdict be paid out of funds derived from pay patients only. The argument overlooked the fact that every dollar received by the hospital, from whatever source, was stamped with the impress of charity. For what did the plaintiff pay? For accommodations which the hospital was enabled to provide through the use of money charitably donated to it. The room, the bed, the furnishing and conveniences for which the plaintiff paid were all of them the direct and immediate product of the voluntary donations it received. It followed that the money that the hospital received from its pay patients was as strictly the increment of the charitable donations it had received as would be the interest on the money given it if invested on loan. If any profit resulted from this source it could only be regarded as an incidental addition to the trust fund or income.

Constitutionality of Order of School Board Requiring Vaccination.

The Court of Civil Appeals of Texas says that it was contended in the case of McSween vs. Board of School Trustees of the City of Fort Worth (129 S. W. R. 206), that an order of the school board, requiring the vaccination of pupils as a condition precedent to attendance in the public free schools of the city, was in contravention of the provision of the State Constitution, that "the Legislature may pass laws prescribing the qualifications of practitioners of medicine in this State and to punish persons for malpractice, but no preference shall be given by law to any school of medicine." But the court does not agree with the contention, because, as shown by the language quoted, it is evident that the restriction therein imposed was intended to apply to legislation only which might be enacted prescribing the qualifications of practitioners of medicine.

Furthermore, the order adopted by the school board, excluding from the schools all pupils who should refuse to be vaccinated unless successfully vaccinated already, merely prescribed a condition which the right of pupils to attend the schools should depend. It gave the pupils who had not been successfully vaccinated the choice to be vaccinated and attend school, or to refuse to be vaccinated and remain out of school until the danger of smallpox had passed. It did not compel vaccination, and, therefore, was not in violation of the provision of the State Constitution that "the people shall be secure in their persons, houses, papers and possessions from all unreasonable seizures or searches."

Nor does the court agree with the contention that the power vested in the board of city commissioners, by the city charter, to enact laws, rules and regulations for the promotion of health and the suppression of disease, left the school board without authority to adopt the order complained of. The provisions in the city charter that the board of school trustees should adopt such rules, regulations and by-laws as they might deem proper, and that the free schools of the city should be under the control and supervision of such board, which should have the power to control, manage and govern said schools in all things and matters, etc., were sufficiently comprehensive to include the delegation to the school board of authority to pass the order. In case of an epidemic of smallpox, unquestionably it could have closed the schools temporarily, if the trustees should be convinced that to continue them would result disastrously to the health of the pupils. Such an order would have excluded all pupils, and it would have been valid even though the purpose of its adoption were to protect the health of the

pupils. It cannot be said that in the adoption of the city charter the Legislature intended to deny the school board power to adopt sanitary regulations for the schools. Indeed, the court thinks a contrary intention was apparent from the provisions of the charter with reference to the powers of the school board. If correct in this, the board was authorized to adopt any reasonable regulation to effect the purpose sought to be accomplished.

The order in question was the exercise of police power for the protection of the pupils of the public schools, and, therefore, was not unconstitutional as depriving of liberty without due process of law.

Therapeutic Notes.

Acne Vulgaris.

Dr. John G. Burke, of Pittsburg, advises the usual constitutional measures in the treatment of acne. An additional constitutional agent is found in bacterins, though the results could not be relied upon to the exclusion of other remedies. Stock vaccines had been of little service. He had found the following preparation of service: Beta-napthol, 5; precipitated sulphur, 20; green soap, 35; lanoline, 35. Although the X-rays would cure, the tendency to produce telangiectasis made one hesitate to employ them.

Coryza.

Waxham, in Denver Medical Times, says that if given early the following acts almost as a specific:

℞ Quin. salicyl., gr. iss.
Acid. arsenos., gr. 1-120.
Ext. belladon., gr. 1-20.
Capsici, gr. ¼.

M. Sig.: Two capsules of this composition every hour for three hours, and then one every three hours.—Monthly Cycloped. and Med. Bulletin.

Cancer Treatment.

The practice of the Cancer Hospital, London, is of interest as showing the results of the latest methods of treating cancer. The electrical department is well-equipped with apparatus for the X-rays, ionic medication, high-frequency currents and radium therapy. Last year nearly 2,000 treatments were administered. As before, the X-rays have been found to alleviate a considerable number of cases, but no cures can be claimed. The use of the high-frequency currents is limited to the relief of pain. Ionic medication has given good results in some cases, but it has failed in extensive, inoperable and internal cancer. At a cost of $1,000 20 milligrammes of radium have been obtained. In superficial cancer radium has given good results and certain cases can be claimed as cured. But in the deep-seated cases of advanced growth all that has been obtained is temporary checking of the disease and relief of pain. The trypsin treatment for which so much was same is true for the serum of Doyen of Paris. In spite of these results, however, the fact that in rare cases (estimated to be somewhat less than 1 in 1,000) cancer undergoes spontaneous cure, that in others the natural resistance of the body to the growth of cancer is great, and that Nature by means of fibrosis and sloughing attempts to get rid of the disease seem to give hope of the discovery of a cure, and point to a serum treatment. At present another serum treatment is being tried.—A. M. A. Journal.

Ear—To Remove Wax From.

Syringing with a solution of sodium bicarbonate containing some glycerine is very efficient; the wax is gradually softened and easily removed. When it is desired to remove the wax at once, hydrogen peroxide is remarkably efficacious. Fill the external meatus with H_2O_2; let it remain a few minutes. The cerumen will become softened and disintegrated, and can be easily removed by syringing with warm water. Ether has also been recommended for the purpose. The external auditory canal is filled with the ether from a pipette and in a few seconds the wax is disintegrated and is removed by gentle syringing.—Medical Summary.

Itching in Children.

In making a diagnosis of the cause of itching the age of the patient is an important factor. In children the most common causes are urticaria, scabies, pediculi and ascarides. The presence of papules and wheals, the history of the lesions appearing "as if the child had been stung with a nettle," are diagnostic of urticaria, while the distribution of a scabies eruption, the presence of burrows on the hands and wrists, and the identification of the acarus leave no room for doubt. Thread-worms are a frequent cause of pruritus ani in children, and when these have been got rid of the itching will be found to disappear.—J. L. Bunch, in Merck's Archives.

Migraine.

The following prescriptions have often proved useful in Rankin's practice: (a) chlorid of ammonium, 15 gr.; phenacetin, 10 gr.: codein, 1-3 gr. (to be dispensed either in the form of a powder or of two cachets); (b) antipyrin, 10 gr.; salicylate of soda, 10 gr.; tincture of gelsemium, mxv.; spirits of chloroform, mxx.; water to one ounce; (c) heroin, 1-12 gr.; dilute hydrobromic acid mxxx; citrate of caffein, 5 gr.; compound tincture of cardamom, mxx; chloroform water to one ounce. In the case of all of them directions should be given for a dose to be taken every two hours for three doses; and every four hours thereafter until the pain is relieved. In women when the migrainous attacks recur only at the menstrual times, the use, for a week before each period, of a mixture of chloral hydrate, 10 gr., and bromide of sodium, 20 gr., given 3 times a day, is often successful, he states, in suppressing the attack or in diminishing its severity. When the temporal artery on the affected temple is prominent and throbbing, steady pressure over it may succeed in affording temporary relief.—Dr. G. Rankin, in Clinical Journal, London.

Pneumonia-Croupous.

Dr. George W. Norris, of Philadelphia, says he regards many of the drugs employed in the treatment of pneumonia as worse than useless.

Serum treatment had proved of no value as had also that with leucocytic extracts. Vaccine therapy he thought somewhat promising. He emphasized the fact that death in pneumonia was generally the result of toxemia and to a considerable extent independent of pulmonary involvement. In its production vasomotor failure was said to play a much more prominent part than heart failure. Treatment was often misdirected and inefficient because this fact was not sufficiently appreciated. All drugs and methods tending to lower blood pressure were, therefore, contraindicated.

Pneumonia—Treatment of.

Failure to keep the patient continuously in the horizontal position adds greatly to the mortality of pneumonia. Rest is the principal necessity in this condition, aside from air and water. If drugs are necessary to secure rest, they should certainly be used. If a patient cannot lie still on account of pleuritic pain, morphine may save life by enabling him to rest. A patient who cannot lie down on account of dyspnœa and incessant cough, due to early dilatation of the heart and beginning œdema of the lungs, should be bled until he can lie down, and then given heart stimulants. Every case of pneumonia, and every suspected case, should be put to bed and kept flat, with the limbs extended and the hips, shoulders and head on the same level, in order to make the circulation of the blood the easiest possible, both for the heart and the vasomotor system.

There is no serious infectious disease against which the body has more perfect means of natural defence. The great fatal factors in pneumonia are: half enough water, half enough air, half enough rest, and too much medication.—G. Werley, in the Medical Record.

Pneumonia in Children—Treatment of.

Dr. W. D. Ludlum, of Brooklyn, in the October Long Island Medical Journal, emphasizes the importance of fresh air, rest in bed, sufficient clothing to be comfortable, reduced diet. He says that a tepid bath should be given daily to maintain the proper function of the skin. In the early stage counter-irritation may be of value, the best form being the home-made mustard paste. Poultices and clay pastes are positively harmful to the infant and, to say the best of them, of very doubtful value in the older child. They should not be used. Similarly the formerly much-used pneumonia jacket is condemned as useless and harmful. Aside from its use as antipyretic and sedative mentioned below, the local application of cold is at times very valuable; when cyanosis is marked and respiration shallow nothing aids deeper respiration and clears up the cyanosis so well as a cold chest compress. If the fever is giving trouble, hydrotherapeutic measures should be employed. The simplest and, at the same time least effective, is cold sponging. If simple sponging is not adequate, the best way to secure more positive action is by the cold pack, with the greatest emphasis on the fact that coal-tar products are very rarely to be given, though Ludlum says that there is an occasional case in which a small dose of phenacetin works admirably to control fever and restlessness.

At the beginning of an attack, in addition to a cathartic, a refrigerant, such as potassium citrate, in dose of 1 grain to each year of the child's age up to 4, or liquor ammoniæ acetatis, 15 drops at 1 year up to 1 dram at 4, with tincture of aconite from ¼ drop at 6 months to 1 drop at 3 or 4 years, greatly adds to the child's comfort and has some value in reduction of fever. This is usually kept up for one or two days. An average case will frequently require no other medicinal treatment. Stimulants are usually not necessary, and should never be given till the occasion arises. If there is threatened failure of the heart, particularly at the crisis, the best drug is usually strophanthus, given in the form of the tincture, 1 drop for a child of from 6 months to 1 year, 2 drops for a child from 3 to 5 years. Strychnin is occasionally called for in a heart weak and irregular and not very fast. For right heart failure nitroglycerin is indicated. Alcohol, if needed at all, must be used in good-sized doses, in the form of whiskey or brandy.

In bronchopneumonia, Ludlum says, poultices, pneumonia jackets and their like are to condemned, only more strongly than in lobar-pneumonia; for this is typically an asthenic disease and their damage is even greater. On the other hand, counter-irritation in the early stages is of decided value, because its influence is left on the accompanying bronchitis. The mustard-paste is a very satisfactory mode of application. The cold compress to the chest is useful under the same conditions as in lobar-pneumonia, but the child's condition must be watched with even more care; shock must be watched for and the extremities kept carefully warm; its value in selected cases and given with extreme care is very great. Inhalations are of great value while the secretion is still scanty; plain water, lime water or, best, water containing from 10 to 20 drops of creosote or 1 teaspoonful of compound tincture of benzoin to the pint. The inhalation cannot be given with full satisfaction except under a tent, but there is some value in the free escape of medicated steam in the room. After free secretion has been established the inhalations are of no further use. A full sponge bath may be given daily for cleanliness and to keep the skin active. Hydrotherapy should be carried out just as in the lobar type, tepid or cold sponging or the cold pack; watch carefully for shock or cold extremities. Laxatives should be employed as needed, but the initial cathartic is not a routine measure as in the lobar form.

Expectorant drugs, so called, are of value because of the bronchial irritation. Ludlum most commonly employs ipecac in doses of 2 drops of the syrup for a 1-year-old child, from 3 to 5 drops for a 5-year-old or upward; with ½ grain of ammonium chlorid for the younger age, 1 grain for the elder; in these doses the stomach is rarely deranged. If cough is very distressing and unproductive, he uses codein 1/30 grain, or Dover's powder ¼ grain for a child of 1 year. After secretion is well established, if an ammonium salt is still needed to aid in its expulsion, the carbonate is the best and should be given in similar small doses or in the form of the aromatic spirits, from 3 to 5 drops at the age of 1 year, 10 drops at 5 years. Creosote in the form of the carbonate is useful in same cases in the later stages, but Ludlum rarely uses it in children under 4 or 5 years; at this age the dose is 2 or 3 drops. Stimulants are needed much oftener than in the lobar type, but by no means

should they be used too early. Strychnin is the best if the pulse is weak and irregular and not particularly fast. If the pulse is rapid, i. e., 150 or more when the child is asleep, strophanthus is indicated, 1 drop at 1 year, 2 drops at 5. Alcohol should be left until late when, if needed at all, the dose required is large, 20 or even 30 drops of whiskey or brandy well diluted at the age of 1 year. In cyanosis, glonoin in dose of 1/200 grain to a 1-year-old child may be of value, and in extremely shallow breathing atropin 1/400 grain for the same age.

Psoriasis—Dieting in Treatment of.

Dr. Bloch, in Medizinische Klinik, Berlin, reports a case in which a man of 40 had had for seven years typical psoriasis of the nails, hands, scrotum and parts of the body. The psoriasis had resisted all kinds of local treatment and arsenic. Bloch ordered him to drop meat from his diet and the result was surprising even in two weeks, and not a trace of the psoriasis was left by the end of three months. It was interesting to see the normal nail growth pushing off the abnormal parts of the nails. The dieting in such cases avoids the substances in the food which had previously modified the soil, permitting the unknown agent of psoriasis to get in its work. Dropping the meat from the diet seemed to put an end to this sensitization.

Scarlet Fever—Prevention of.

During the first four days in a scarlet fever case commencing at the earliest possible moment, Milne has pure eucalyptus oil gently rubbed in morning and evening, all over the body from the crown of the head to the soles of the feet. Afterward this is repeated once a day until the tenth day of the disease. The tonsils he always swabs with a 1 in 10 phenol solution every two hours for the first 24 hours, rarely longer. For 26 years Milne has used pure eucalyptus oil in this way. When this treatment is commenced early, he asserts, secondary infection never occurs and complications are unknown.—British Medical Journal.

Toe-Nails—Ingrowing.

According to the American Journal of Clinical Medicine, every case of ingrowing toenail can be cured in five days by the free application of dry powdered alum. No pain attends this form of treatment, and the destruction of the diseased tissue results in the formation of a hard resistant, non-sensitive bed for the nail, with a cure of the ingrowing tendency. The non-toxicity of the alum, its easy application, and the good results obtained from it render it the treatment of choice, at least in cases where no operative measures are contemplated. A soap-and-water fomentation is first applied for twenty-four hours, and then the alum is applied to the space between the nail and its bed; a tampon of cotton-wool is next placed on the alum, and the applications repeated daily. Suppuration rapidly ceases, the parts dry up, and pain and discomfort vanish almost at once. At any rate, the method would seem worthy of trial.—Monthly Cyclop. and Med. Bull.

Tracheitis.

Tracheitis is commonly known as a "cold in the chest." It may be primary or it may result from extension from the larynx or nose. There is a burning sensation behind the sternum and the breathing is rough and oppressed. Cough is frequent and painful and there is a rise of temperature. The first stage is dry, followed by scanty expectoration which later becomes copious. The voice is hoarse and provokes coughing. Streaks or tinges of blood may appear in the expectoration.

A mustard poultice should be applied or, what is still better, a teaspoonful of mustard flour rubbed into a piece of flannel and applied to the chest and covered with oil-silk. The warmth of the skin will liberate enough of the essential oil to mildly irritate the skin, so that the application may be borne all night. It will not blister. The general treatment should be the same as for an acute "cold." A sedative expectorant should be prescribed, as for example the following:

℞ Vin. Antimon.....m. x
Vin. Ipecac. .....m. x
Sp. Æth. Nitros. .....ʒ ss
Liq. Ammon. Acet.....ʒ ii
Syr. Limon. .....ʒ i
Every four hours.

When the expectoration is well established give the following:

℞ Ammon. Carb. .....gr. v
Syr. Tolu. .....ʒ i
Every four hours.

This is a good stimulating expectorant. Squill is an irritant and is apt to cause nausea. Use no opium in children in any form. The carbonate of ammonium must be largely diluted or it will irritate, too. It is best given in milk. The air of the room must be warm and moist. Steam impregnated with benzoin will allay irritation and spasm. The following mixture will serve well in children, half the doses being given to infants:

℞ Vin. Ipecac. .....m. xxx
Sp. Ammon. Arom. .....ʒ i
Glycerini .....ʒ ii
Aq. destill. .....ad ℥ iii
Dose = ʒ i-ii every four hours.

—Critic and Guide.

Whooping Cough Treated by Fluoroform.

Dr. Mathilde de Biehler, in Arch. de med. des enf., July, 1910, gives the results of the observation of 232 cases of whooping-cough treated with fluoroform solution, with success. The author claims for this medication that it shortens the attack by some weeks, and renders the attacks of cough less frequent and less severe. Of the patients, 185 were seen at the beginning of the disease, and 117 at the end of two or three weeks. In thirty-eight cases treated from the beginning, in families in which there were already other cases, a cure was obtained in ten to fifteen days. In 186, cure was obtained in three or four weeks; in eight, at the end of seven to eight weeks. In these cases the number of attacks of coughing was much decreased. In eighteen cases there were complications. There were four deaths, two from pneumonia, with meningitis in very young infants, when treatment was not begun until several weeks had passed. The author observed no sublingual ul-

cers, vomiting, or hemorrhage. Fluoroform is a drug that merits the attention of the practitioner; it is not poisonous, even in large dose, and is well borne by even the smallest children. The author thinks it quite possible that it will prevent the disease, as well as modify its severity. In the case of a woman in danger of abortion from whooping cough the use of this drug stopped the vomiting and lessened the cough so that the pregnancy went on to term, and the infant was delivered normally. By examining the blood of the little patient it was seen that the leukocytosis that always occurs in this disease began to diminish as soon as the drug was used. The dose of the solution should begin at ten to fifteen drops three times a day and after each attack five to ten drops, up to 200 or 250 per day. It should be increased until the desired effect is obtained.

Hospitals.

Abandon Site for Hospital.

Because of the many protests the Anti-Tuberculosis Society will abandon the site selected in Morris Plains for a hospital. It also said that as yet no application has been made to the State Board of Health for permission to erect a phthisis hospital in Morris County.

Cooper Hospital, Camden.

The monthly report of the Cooper Hospital for October is as follows:

In-Patients Department.

Remaining at last report, 74; admitted during month, 188; total, 262.

Discharged during month, 0; cured, 152; improved, 5; not improved, 2; died, 18; left without permission, 1; remaining under treatment, 84; total, 262.

Out Patients Department.

Visits—Surgical, 1,731; medical, 325; gynecological, 123; ear, nose and throat, 164; eye, 141; proctological, 54; total, 2,538.

McKinley Hospital.

About $2,000 were the profits of the Japanese bazaar which was given in November, in Masonic Temple, Trenton, by the Ladies' Association of McKinley Hospital for the benefit of the hospital. More than 1,600 persons were served at supper one evening.

Mercer Hospital, Trenton.

Dr. William H. Hobbs, of Martin's Ferry, O., was elected last evening by the board of managers of Mercer Hospital to serve as resident physician until February 1 next, when he will leave to take up duties at the Presbyterian Hospital in Philadelphia. Dr. Hobbs is a graduate of the University of Pennsylvania and has been at Mercer since October 24.

Dr. William A. Clark has opened a course of lectures for the students of the training school for the season of 1910-11.

Reports submitted at a meeting of the Women's Aid of Mercer Hospital, Trenton, recently, showed that $583 was cleared by the supper recently served for the benefit of the institution. Of that amount $300 was given to the men's board.

North Hudson Hospital.

Dr. Max Hecht and Dr. Charles L. DeMerritt, both of West Hoboken, assumed their duties as members of the North Hudson Hospital medical staff November 16. They were elected to that position at the recent meeting of the board of governors.

Ladies' Guild, of the North Hudson Hospital, met November 17, at the new hospital building on Bullsferry Road, Weehawken, and made arrangements for a dance and reception, to be held at the New Turn Hall, Union Hill, on December 3. Besides the foregoing it was decided that the guild should assist the board of governors in any move toward the raising of funds for the benefit of the hospital.

Gifts to Orange Memorial Hospital.

By the death of Mrs. Clara L. Dotger, legacies provided for in the will of her husband, Andrew J. Dotger, of South Orange, who died in 1905, were released. Among them is a gift of $10,000 to the Orange Memorial Hospital.

Sidney M. Colgate and Manton B. Metcalf are the donors of the new accident ward of the Orange Memorial Hospital, according to a statement issued recently by the printing and publication committee. Park Commissioner Frederick M. Shepard has given $100 a month toward its maintenance. The Men's Bible Class of Calvary M. E. Church has endowed a private room in the institution.

Dr. Briscoe B. Ransom has been transferred from the medical to the surgical staff of the hospital and Dr. Carlo D. Martinetti has been appointed to the junior staff. Dr. Charles M. Dane, Harvard Medical School, a brother of the present intern, has been appointed intern from December 1.

The recent installation of a new laboratory at the Orange Memorial Hospital in charge of a resident pathologist and the part the laboratory plays in the science of medicine, is discussed in a statement issued recently by the printing and publication committee of the hospital. The new laboratory is open to all physicians. Dr. B. F. Cline, formerly of the Brooklyn Eye and Ear Hospital, is the pathologist. The expense of maintenance for a year has been assumed by a woman friend of the hospital.

"Exact science," says the committee, "has come to play a leading part in modern life, and especially is this true of life in a hospital. It is from the laboratory that come the test results that confirm or confute the bedside diagnosis. The adequately equipped laboratory, worked under scientific supervision, has become, therefore, a hospital necessity, and no modern hospital can afford to neglect this department.

"The great advantage of the new laboratory over the old is that the present pathologist is a resident.

"The old laboratory, which dates back to the time when Dr. Stickler founded it in the early nineties, was after his death enlarged and established by Dr. Graves, admirably fulfilled the requirements of those days, but to-day a resident pathologist with fuller equipment is needed."

Presbyterian Hospital, Newark.

At a meeting of the trustees of the recently organized Presbyterian Hospital, held in Newark November 9, 1910, it was announced that Mrs. Amelia L. Hensler had contributed $6,000 for the endowment of a bed in memory of her husband, Joseph Hensler, Jr.

The Ward mansion on South Ninth street, near Warren, which has been purchased by the trustees, will soon be in process of conversion into a modern hospital plant. The large stable in the rear will be remodeled and utilized for a nurses' home, heating plant and laundry.

The remodeled house will contain rooms for thirty-five patients. It is expected later to build on the lots adjoining. It is the expectation of the trustees that the hospital will be opened next spring. The following committees have been appointed from the trustees:

Executive Committee—George F. Reeve, Rev. Dr. William Y. Chapman, Waldo C. Genung and Edward T. Crane.

Nominating Committee — Rev. John McDowell, Martin Dennis and Frederick Frelinghuysen.

Mrs. Hensler's gift is the first for the endowment of a bed. The only contribution that preceded it was a gift of $1,000 from an unnamed friend at the beginning of the enterprise.

The finance committee at yesterday's meeting was authorized to undertake the raising of sufficient funds to make the alterations and equip the institution. It is the intention of the trustees to request the Presbyterian churches to set apart one Sunday of the year as "Hospital Sunday." The alterations and equipment will cost not less than $10,000.

St. Francis Hospital—Tablet to Dr. Cantwell.

As a mark of recognition of the invaluable services rendered to St. Francis Hospital by the late Dr. Frank V. Cantwell during the 23 years he was a member of the medical staff of the institution, a handsome bronze tablet is to be erected in the main corridor of the hospital.

The design for the tablet has been submitted to the medical staff of the hospital, and is expected to receive its indorsement this week. No special ceremonies are intended in connection with the erection of this tablet. The total expense connected with the matter will be defrayed by the medical staff, which is composed of the following: Drs. Costill, Sommers, R. R. Rodgers, Jr., Collier, Reddan, McGuire, Mackenzie, Wilbur, R. R. Rogers, Sr., and Norton.

Tuberculosis Preventorium.

The Tuberculosis Preventorium for Children, which last April removed from Lakewood to Farmingdale, has received from the estate of Albert Brisbane, through Arthur Brisbane, sixty-four acres of land at Farmingdale, N. J., and a free lease for twenty-five years of the well-known Windsor stock farm, adjoining, which comprises 240 acres under cultivation. As the physicians and architects of the preventorium found that it was necessary to have twenty acres more in order to secure the ideal site, Mr. Bribane has just bought an adjoining farm of 104 acres in order to be able to contribute the twenty acres desired. The total gift, therefore, comprises eighty-four acres in fee simple and 240 acres on free lease for twenty-five years.

Nathan Straus has already generously sent $50,000 for model buildings to be constructed on this farm. The Board of Health auxiliary connected with the Association of Tuberculosis Clinics has subscribed $4,500, to build an additional open shack for which they will select the children.

In order to complete the plans to take care of 400 children at a time, the preventorium will require $50,000 more for buildings and additional membership fees of $85,000 a year.

Doctor gives Hospital Patients Poison.

Wilmington, Del., Nov. 17.—Two patients are dead and four others were made critically ill, including a physician, at the Delaware Hospital here by a mistake of the doctor in administering bi-chloride of mercury instead of epsom salts. Although the patients died last night and the affair was reported to Attorney-General Gray, the State prosecutor, yesterday, it did not become known until to-day.

All the victims were in one ward of the hospital. They had been ordered epsom salts, and Dr. Dunkelberg, who is in charge, seized the wrong bottle. Wishing to take a dose himself, he measured six doses, each about an ounce. The five doses were given the patients. Then taking the supposed laxative himself, he learned his mistake, and immediately had the stomach pump used on the victims and himself.

The mistake occurred late Tuesday night. Rainey died in twelve hours. Jordan lived twenty hours.

Married.

McCROSKERY—MEEKS.—At Union Hill, Hudson County, N. J., October 26, 1910, Dr. James H. McCroskery, of East Orange, to Miss Eleanor Meeks, of Union Hill.

MARTLAND—FERDON.—At Newark, N. J., November 15, 1910, Dr. Harrison Stanford Martland to Myra Coe Ferdon, both of Newark.

Deaths.

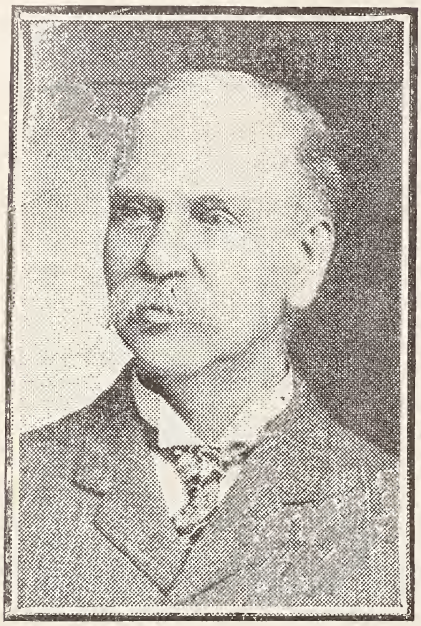
HAMILL.—At Chatham, N. J., October 29, 1910, Dr. Edward Holman Hamill, after five weeks of illness, aged 67 years.

Dr. Hamill was born in Alabama in 1843. He, after preliminary education and army service, entered and graduated from the Medical Department of New York University in 1868; was settled in practice at Islip, Long Island; then at Jacksonville, Ill. Later he became consulting medical director of the Prudential Insurance Company. In 1870 he married Miss Josephine Clock. He had one son, who was accidentally drowned at the age of 15 years.

KIMBALL.—At Lakewood, N. J., November 2, 1910, Dr. Paul Thomas Kimball, aged 48 years.

Dr Kimball graduated from the College of Physicians and Surgeons, New York City, in 1887. He was a member of the American Medical Association, the Medical Society of New Jersey and the Ocean County Medical Society. He began the practice of medicine at Lakewood soon after graduation.

VAN SYCKLE.—At Hackettstown, N. J., November 22, 1910, Dr. Alvah Coit Van Syckle, aged 57 years.



Courtesy of Newark Evening News.

Dr. Van Syckle died suddenly from heart disease while attending the meeting of the Warren County Medical Society in Hackettstown. He was born in 1853; graduated from the New York University Medical College in 1878. He was a member of the American Medical Association, the Medical Society of New Jersey, the Warren County Medical Society and the Tri-County Medical Society—Warren, Sussex and Morris counties.

Dr. Van Syckle came from Holland Dutch stock, and the same ancestral lineage ran through his veins as that of Justice Bennett Van Syckle, of the Supreme Court of New Jersey. He had been somewhat active in official life in holding important positions of trust. During the administration of Grover Cleveland as President he was appointed a member of the Board of Pension Examiners in the Fourth Congressional District, on which he served as president for four years. For seven years he was a member of the Hackettstown Board of Education, three years of which as its president. He was the founder of the Tri-County Medical Society of Warren, Sussex and Morris counties.

Dr. Van Syckle was a former Mayor of Hackettstown and had served also on the Board of Education. For some time he was president of the Warren County Medical Society and had held a similar position in the Tri-County Medical Society.

In 1879 Dr. Van Syckle married Miss Clara S. Lloyd, of Newark, and his wife and two children survive him.

A letter received by the editor from Dr. T. N. Gray, of East Orange, who was present when the doctor died, says:

"The doctor has been in failing health for the past year, due to advancing sclerosis of the coronary arteries of the heart. He was a perfect type of the true physician, unthoughtful of self in his ministrations to the sick; a patriotic citizen; a never-failing counselor and help to the young practitioner; a man of blameless life and of an upright Christian character. He will be greatly missed by his brother practitioners. His death means a loss to the profession as well as to the community to which he has for many years given his best endeavor."

Personal Notes.

Dr. Gustav A. Becker, Morristown, has been reappointed medical inspector of the local schools.

Dr. J. Finley Bell, Englewood, has a paper on Scarlatina in the American Journal of Obstetrics and Diseases of Women and Children.

Dr. Charles P. Britton, Trenton, who has been a health commissioner there for several years, has, after an illness of several months, resumed his official duties.

Dr. Ralph R. Charlesworth, Millville, was recently operated on for appendicitis in Jefferson Hospital, Philadelphia.

Dr. Charles J. Craythorne, Trenton, delivered an address at the Mercer Hospital Training School of Nurses recently.

Dr. Frank M. Donohue, New Brunswick, and family have returned to the city from Cedarcrest, their summer home.

Dr. Samuel B. English, Glen Gardner, addressed the Woman's Club of Hoboken, November 10th.

Dr. E. L. B. Godfrey, Camden, and wife left recently to spend the winter at Los Angeles, Cal.

Dr. Edward J. Ill, Newark, read a paper at the annual meeting of the American Association of Obstetricians and Gynecologists, Syracuse, on Secondary Repairs of Complete Perineal Lacerations.

Dr. Ellis W. Hedges, Plainfield, at the meeting of obstetricians and gynecologists, discussed Dr. Morris's paper on Conservatism in Operations on the Uterine Appendages.

Dr. George L. Johnson, Morristown, spent a week at Atlantic City in October.

Dr. Thomas J. Kane, Paterson, had a narrow escape from death, when his bicycle came in collision with an automobile last month. He received a fracture and dislocation of the shoulder.

Dr. William H. Merrill, South Branch, has been appointed medical inspector of Readington Township schools.

Dr. Samuel A. Muta, West Orange, was elected Mayor of that city at the recent election.

Dr. John M. Randolph, Rahway, and wife recently returned from a two weeks' visit in the South.

Dr. Emma M. Richardson, Camden, received a fracture of her ankle by stepping into the opening in the floor from which the heat register had been removed, at her residence, recently.

Dr. Edward S. Sharpe, Atlantic City, has been appointed a member of the City Hospital in place of Dr. W. F. Ridgway, deceased.

Dr. Henry H. Sherk, Camden, had a narrow escape from death in a collision of his automobile with a trolley car last month.

Dr. Harry A. Stout, Wenonah, has been ap-

pointed medical inspector of the local public schools.

Dr. John W. Wade, Millville, has offered property at West Millville for use by the town as an isolation hospital.

Dr. John W. Ward, Pennington, has recently purchased a new automobile. He is enjoying better health.

Dr. Joseph M. Wells, Trenton, was on October 4 elected a member of the executive committee of the Railway Surgeons' Association of the Pennsylvania Railroad lines east of Pittsburg.

Dr. Elmer G. Wherry, Newark, recently delivered an address before the Conference of Friendly Visitors at the Free Public Library Building, Newark, on The Care of Babies.

Dr. Henry L. Coit, Newark, was one of the speakers at the annual meeting of the American Association for the Study and Prevention of Infant Mortality, at Baltimore, Md., last month.

Dr. Edwin Field, Red Bank, was the only Republican who carried the town at the recent election; he received 200 more than any other on the ticket. He was elected as a County Commissioner.

Dr. Theophilus W. Madden, Collingswood, was elected a member of City Council at the November election.

Dr. William J. Condon, New Brunswick, and family had a very narrow escape from death recently, his automobile, skidding, was just saved from going over a precipice about fifty feet deep.

Dr. Evan T. Steadman, Hoboken, and his wife were severely injured by their automobile coming in collision with a trolley car at Harrison recently. The doctor sustained a fractured clavicle and nose and several cuts and bruises; his wife was also severely cut and bruised. They were taken to St. Michael's Hospital, Jersey City.

Dr Leonidas L. Mial, Morristown, and wife have been spending a few weeks at Raleigh, N. C.

Dr. Edward E. Peck, Caldwell, in examining the children as school medical inspector, found six children who had not been vaccinated.

Dr. John L. Taylor, Boonton, and family left for Pasadena, Cal., recently, where they will spend the winter.

Dr. William W. Keen, the eminent Philadelphia surgeon, who was operated upon for digestive trouble in Rochester, Minn., last month, has recently returned to his home. Dr. Keen was attacked by his illness while motoring abroad last summer. Upon his return home in October he consulted Dr. W. J. Mayo, of Rochester, who advised an exploratory operation.

Book Reviews.

A Manual of Personal Hygiene. By Walter L. Pyle, M. D., Fellow of the American Academy of Medicine, Fellow of the College of Physicians, Philadelphia, etc. Fourth Edition, revised and enlarged. 472 pages, with illustrations. W. B. Saunders Company, Philadelphia and London.

The author's object has been to set forth plainly the best means of developing and maintaining physical and mental vigor. It is a concise and practical exposition of proper living upon a physiologic basis. This edition contains an added chapter on body-posture and an illustrated system of home-gymnastics and a chapter on domestic hygiene; also a useful Appendix on pulse, temperature, respiration, baths, massage, accidents and emergencies, the latter including drowning and poisoning. Besides Dr. Pyle, there are other able contributors of chapters. The medical practitioner and the intelligent layman will both find it a helpful book.

A Treatise on Orthopedic Surgery. By Royal Whitman, M. D., Adjunct Professor of Orthopedic Surgery in the College of Physicians and Surgeons, New York; Professor of Orthopedic Surgery in the New York Polyclinic. New (4th) edition, revised and enlarged. Octavo, 908 pages, with 601 illustrations, mostly original. Cloth, $5.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1910.

Whitman's Orthopedic Surgery has already established itself as an authority in orthopedics. This new edition only adds to its previous good reputation. Designed for students and especially for the general practitioner it discusses not only the treatment but also the prevention of the various deformities. As these cases fall primarily under the care of the family physician, it is of great importance that he should be familiar with the early manifestations of disease and thereby be able to apply remedial and preventive measures at an early period and before deformity appears. The book is well illustrated and many of the engravings are new.

Internal Secretions from a Physiological and Therapeutical Standpoint. By Isaac Ott, M. D., Professor of Physiology in the Medico-Chirurgical College, Philadelphia; ex-Fellow in Biology, Johns Hopkins University, etc. 133 pages; limp cloth, $1.00. E. D. Vogel, Easton, Pa. 1910.

This book contains three lectures delivered before the students of the Medico-Chirurgical College, Philadelphia, on The Parathyroids, the Pituitary and the Correlation of Glands with an Internal Secretion. It is illustrated, containing several diagrams on the effects of nucleoproteid, infundibulin, adrenalin, spleen extract and pancreas extract. It is a valuable contribution to the literature of this subject but the volume needs careful study, as the author very frankly says "many statements are contradictory, yet I have included them, as the whole subject is in a state of flux and reflux. 'Dire n'est rien; faire est tout.' Renan."

Dyspepsia; Its Varieties and Treatment. By W. Soltau Fenwick, M. D. (Lond.). 485 pages; illustrated. W. B. Saunders Company, Philadelphia and London.

The author states that this volume is the outcome of clinical experience gained by the personal examination and treatment of more than eighteen thousand persons suffering from indigestion. The first chapter treats of the varieties

of dyspepsia and their differential diagnosis. The next six chapters treat of the varieties, as follows: Dyspepsia due to abnormalities of secretion; to failure of the muscular power of the stomach; to inflammation of the stomach; to disturbances of the nervous mechanism of the stomach; to displacements of the stomach; to the presence of foreign bodies and living creatures in the stomach—one chapter to each. There are three additional chapters on: Dyspepsia in infancy and old age, Dyspepsia dependent upon diseases of other organs, and on intestinal indigestion.

The differentiation of the various forms of dyspepsia is very clearly made and the author emphasizes the importance of discriminating between disorders of function as opposed to mere symptoms, and tritely observes "that the science of gastric diagnosis is the art of taking trouble, that it is at all times diametrically opposed to guess work, and that an accurate recognition of the nature of a complaint is the only possible basis for curative treatment."

We commend this volume to the profession.

A TEXT BOOK OF BACTERIOLOGY. A PRACTICAL Treatise for Students and Practitioners of Medicine, by Philip Hanson Hiss, Jr., M. D,. Prof. Bacteriology, Coll. Phys. & Surg., New York, and Hans Zinsser, M. D., Asst. Prof. Bacteriology, Leland Stanford Univ., Cal. 156 illustrations. New York and London. D. Appleton & Co. 1910.

This work is well adapted for the uses of students and is also very helpful to all practitioners, who wish to keep abreast of the times in their bacteriological researches. The section on "Immunity and Infections" is especially valuable to the general physician. The authors present Wright's theory quite fully and, while admitting as a fact the opsonic or phygocytosis stimulating substances in the blood serum, they consider its therapeutic benefits not fully substantiated by clinical observation, although in suitable cases an intelligent application of this treatment has proved of therapeutic value. The section on "Bacteria in Air, Water and Milk" contains valuable information for the sanitarian and the health official. Altogether the book is one of the best of its class.

OKS RECEIVED

The Practitioner's Visiting List for 1911. Lea & Febiger, publishers, Philadelphia and New York. A useful list for the pocket.

The Practical Medicine Series. Vol. VII., Pediatrics, by Isaac A. Abt, M. D. Orthopedic Surgery, by John Ridlon, A. M., M. D. The Year Book Publishers, Chicago, Ill.

Medical Examining Boards' Reports.

	Examined.	Passed.	Failed.
Arizona, October...	4	3	1
Illinois, April	125	107	18
Illinois, May	116	100	16
Illinois, June	260	236	24
New Jersey, October	42	29	13
N. Dakota, October	9	8	1
Ohio, July	22	17	5
Utah, October	10	10	0
Wisconsin, July	60	54	6
Wisconsin, October.	1	1	0

There were also licensed, through reciprocity, 31 in Indiana and 19 in Wisconsin.

The State of New Jersey Board of Medical Examiners also reports that of the 31 candidates for examination in midwifery, only 13 passed, making 58 per cent. of failures. There were also 4 candidates for examination in chiropody, 2 of whom passed, making 50 per cent. of failures.

The board reaffirmed its decision not to receive applications for indorsement of New York licenses after November 2, 1910.

Interstate Reciprocity in Licensing Physicians.

Dr. Daniel S. Hager, of Chicago, in a communication to the A. M. A. Journal, says: "The letter by Dr. Dunlop in The Journal, October 15, p. 1397, is of interest to every old practitioner. The ideals for which State boards were created were made by the physicians themselves, but it seems that the moment people create an ideal and secure a law to fulfill that ideal, some State board official will invariably try to interpret it as if he were the law itself. Recent experience with one State board seems to indicate that it is trying to make it just as hard as it can for the older practitioner and just as easy as it can for the new graduate. Reasonable educational standards and ten years of reputable practice ought to entitle any one to receive a reciprocal license in any State.

Public Health Items.

East Orange Death Rate.

That city can now lay claim to the lowest death rate of any municipality in the country. The Bureau of the Census reports that for 1909 the East Orange, N. J., death rate was 9.5 per thousand of population. The next lowest on the list is Akron, Ohio, with a death rate of 9.7.

Trenton Filtration Plant.

The S. K. Wilson estate has conveyed to the Water Board this week about six acres of land on Prospect street and Ingham avenue, to be used for the proposed filtration plant. The water department will soon begin work of erecting the plant, which will probably be of the sand and mechanical type. The plant will have a capacity of 30,000,000 gallons a day. The present consumption is about 17,000,000 gallons a day.

Typhoid Fever Death Rates.

The total number of deaths caused by typhoid fever in the registration area for the year 1909 was 10,722, a reduction of 653 from the number, 11,375, recorded for the somewhat smaller registration area of 1908. The death rate fell from 25.3 to 22 per 100,000 estimated population, these rates being based on the populations as estimated upon the average annual increase between the last two censuses.

The typhoid fever death rate for 1908 was the lowest recorded since the series of census annual reports was instituted, and the rate for 1909 shows a marked reduction from that of the

previous year. It is nearly one-third less than the rate shown for the five-year period 1901-1905 (32.2), although still more than twice as large as that of England and Wales. The success already obtained in its reduction should encourage further progress in this direction until residence and travel in this country shall be as safe in this respect as in the best regulated countries of Europe, where the disease is becoming practically negligible as a menace to public health.

Each of the registration States for which data are available for the two years, except Washington and Wisconsin, shows a smaller number of deaths from typhoid fever for 1909 than for 1908, and as their population has increased during that time it is evident that the typhoid death rate has likewise decreased for each. Ohio, which was admitted into the group of registration States for the first time for 1909, is, of course, not included in this comparison.

If the 1,276 deaths from typhoid fever in Ohio were not included for 1909, the group of registration states as constituted for the years 1908 to 1909 show a reduction of 1,406 deaths from this cause. The largest numerical reduction is that of Pennsylvania (738), then Massachusetts (132), California (88), Maryland (87), and New York (73). The increased numbers in Washington (20) and Wisconsin (15), were but small and probably less than the relative increase of population.

A considerable part of the reduction in the number of deaths from typhoid fever that occurred in Pennsylvania was due to the decreased number registered in Philadelphia (188) and Pittsburg (125). Of the 36 larger cities, 19 showed fewer deaths from typhoid fever for 1909 than for 1908, and in no city of this group was there any marked increase in mortality from this cause. The largest amounts of numerical decrease occurred in Philadelphia, Pa. (188), Columbus, Ohio (135), Pittsburg, Pa. (125), Boston, Mass. (68), and Chicago, Ill. (61). The greatest relative decrease was that of Columbus, Ohio, from the epidemic prevalence shown for 1908.

Pennsylvania State Department of Health.

Dr. Samuel G. Dixon, of Harisburg, Pa., Commissioner of Health of the State of Pennsylvania, at the annual meeting of the American Public Health Association, Milwaukee, September 6 to 9, said that from July 22, 1907, to June 30, 1910, 32,347 poor tuberculosis sufferers had received the skilled medical aid and the attention of trained nurses which the department's one hundred and fifteen dispensaries provided. The death rate from tuberculosis in Pennsylvania had fallen from 134 to 120 per one hundred thousand of population in four years. This meant a saving of 1,000 lives annually. From October, 1905, when the State began its free distribution of diphtheria antitoxin among the poor, down to December 3, 1909, 20,794 cases of this dread disease, mostly little children, were treated with the life-saving serum. They knew by statistics that without antitoxin 42 out of very 100 of these children would probably have died, but with the aid of the State's antitoxin the death rate among these poor little sufferers was reduced to 8.48. Free antitoxin was also given in 15,125 cases, mostly children, who had been in contact with the disease. All but a very few of these were absolutely protected against diphtheria. A very low estimate of the saving of child life resulting from the State's free distribution of diphtheria antitoxin since 1905 was about 8,000 lives, a pretty good investment of the taxpayers' money. And what of typhoid fever in view of all this work for pure water? In 1906, 56.5 out of every 100,000 people died from this disease; in 1907, 50.3; in 1908, 34.4, and in 1909, 23.9. That is, there were now living 2,363 people who, had the death rate of 1906 prevailed in 1909, would have died from typhoid. In 1906 and 1907, the death rate in Pennsylvania per 1,000 of population was 16.5; in 1908, it dropped to 15.7, and in 1909 to 15.3.

Typhoid Fever Investigation.

Because of the prevalence of cases of typhoid fever in certain sections of New York City, Commissioner Lederle recently appointed a committee to investigate and report. The results were announced on November 4. In the Nineteenth Ward a six weeks' investigation was begun on September 3. Fifty-six cases were found, of which 17 were considered to be due to out-of-town infection, 4 to impure water, 19 to artificial ice, 14 to natural ice, and 2 to infection from a typhoid patient. In the Ninth Ward the investigation also covered six weeks, beginning on July 26. In that time 88 cases were reported, 4 of which were due to out-of-town infection, and 4 to direct exposure, other members of the family being sufferers from the disease.—Medical Record.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, October, 1910.

The number of deaths reported to the Bureau of Vital Statistics for the month ending October 10, 1910, was 2,930. By age periods there were 751 deaths among infants under one year, 245 deaths of children over one year and under five years, and 676 deaths of persons aged sixty years and over.

The total number of deaths for the month is 532 less than the previous month and 36 less than the corresponding period last year.

The number of deaths from Typhoid Fever shows a decided increase and is higher than for any one month during the past five years, the average deaths from this disease for the previous twelve months is 28.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending October 10, 1910, compared with the average for the previous twelve months, the averages being given in parentheses:

Typhoid fever, 57 (28); measles, 9 (16); scarlet fever, 5 (23); whooping cough, 30 (28); diphtheria, 49 (56); malarial fever, 5 (2); tuberculosis of lungs, 301 (313); tuberculosis of other organs, 40 (57); cancer, 162 (149); diseases of nervous system, 293 (364); diseases of circulatory system, 284 (363); diseases of respiratory system (pneumonia and tuberculosis excepted), 145 (233); pneumonia, 129 (259); infantile diarrhoea, 357 (243); diseases of the digestive sys-

tem (infantile diarrhoea excepted), 214 (195); Bright's disease, 185 (222); suicide, 31 (35); all other diseases or causes of death, 634 (658); totals, 2,930 (3,244).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 820; tuberculosis, 410; typhoid fever, 334; malaria, 25; miscellaneous specimens, 41; total, 1,630.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending October 3, 1910, 214 samples of food and drugs were examined in the State Laboratory of Hygiene.

All specimens of cider, cream and spices were found above standard: 12 of the 153 samples of milk; 7 of the 8 of butter; 11 of the 15 of camphorated oil, and 6 of the 7 specimens of essence of peppermint were found below the standard.

Ten suits have been instituted for milk and seven for butter adulteration.

Division of Creameries and Dairies.

Dairies.

The following table shows the counties in which inspections were made, the number of dairies inspected and the number scoring 60 per cent above and 60 per cent. below the perfect mark:

	Number inspected.	Above 60 %.	Below 60 %.
Bergen	18	15	3
Camden	1	1	0
Essex	9	4	5
Hudson	11	1	10
Mercer	23	10	13
Middlesex	9	8	1
Monmouth	1	1	0
Morris	13	6	7
Passaic	66	53	13
Somerset	5	5	0
Union	6	4	2
Totals	162	108	54

Number of dairies, first inspection..... 53
Number of dairies, reinspection..... 97

Inspections were made at the request of the following local boards of health: Collingswood, Dover, Kearny, Paterson, Princeton, Rahway, Rutherford and South Orange Township.

Creameries.

During the month 43 creamery inspections were made, as follows: Baptistown, Barbertown, Bevans 2, Broadway, Caldwell, Camden 2, Davis, Franklin Park, Great Notch, Hackensack, Haledon 2, Harbourton, Hope, Irvington 2, Jersey City, Monroe, Montague, Mulfords, Newark 3, North Branch, Passaic 3, Paterson 7, Pemberton, Pluckemin, Ringoes, Rutherford 2, Troy Hills and Washington.

Number of creamery licenses recommended, 8.

Inspections.

During the month ending October 31, 1910, 68 inspections were made in 47 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 28; butter, 44; foods, 10; drugs, 16

Other inspections were made as follows:

Milk wagons, 19; milk depots, 12, grocery stores, 103; drug stores, 1; milk cans, 81; slaughter-houses, 12; canning factories, 15.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 134; public water supplies, 69; dairy wells, 7; State institution supplies, 5; private wells, 36; creamery supplies, 1; sewage samples, 13; miscellaneous, 5.

Inspections.

Public water supplies inspected at Rahway, Franklin Furnace, Netcong, Plainfield, Netherwood, Stockton, Pensauken, Blackwood, Grenloch, Mullica Hill, Burlington.

State institution supply at Skillman.

Sewerage systems and disposal plants visited at New Lisbon, Pemberton, Merchantville, Vineland, Children's Home, Vineland; Millville, Bordentown, Lakewood, Washington, Changewater, Newton 2, Morristown, Caldwell, Essex Fells, Overbrook, Newark City Home, Ridgewood, Haddonfield, Island Heights, Freehold, Collingswood, Asyla, Moorestown, Browns Mills, Flemington, Plainfield, Princeton, Wenonah, Riverside, Westfield, Glen Gardner, Quarryville, Jamesburg, Rahway, I. O. O. F. Home, Trenton; Bridgeton, Margate City, Ralston, Lakehurst, Red Bank, Midland Park, Toms River.

Special inspections at Beverly, Montville, Nutley, Rahway, Vreelands Mills, Collingswood, Ridgewood, Williamstown, Atlantic City, Ventnor, Margate City Park, Longport, West Orange, Madison.

Number of pollutions of streams reported... 26
Number of reinspections made..... 190
Number of pollutions reported as abated.. 97
Number of ten-day notices to cease pollution issued 23
Number of plans for sewage disposal plants and systems approved 4
Number of plans for new water supplies approved 1
Number of cases referred to the Attorney-General 10

Resume of the Year's Work.

In this, the last report for the fiscal year, it is gratifying to note a summary of the work of this division. Seventeen hundred and thirteen samples of sewage and water have been examined in the laboratory; 1,402 pollutions have been reported by the field inspectors, of which a large number are reported as abated; others have been referred to the Attorney-General for legal action, while the remainder await reinspection.

Sixty-one plans for sewer systems and disposal plants have been approved and 10 plans for new public water supplies have been acted upon favorably by the board. Many special investigations have been made on various trade wastes, the waters used for oyster growth have received special attention, and much work has been done on various sewage disposal systems and water purification plants in order to raise the standard of their efficiency. On the whole, the amount of work done during the year shows a large increase over last year, and with the contemplated addition to the working force it will be possible to make greater progress during the coming year.

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THE ALIENIST AS AN EXPERT WITNESS.*

By William H. Hicks, M. D., Newark, N. J.

No class of specialists in any profession has been so bitterly assailed and severely criticised as the alienists who have been so unfortunate as to be called upon to give evidence in court. They are the victims of public suspicion, of newspaper condemnation and of the criticism of their own colleagues in the medical profession.

If while investigating a given case he seeks the path of least resistance, falls into the prevailing belief of individuals, less competent than himself to judge, and adopts without critical examination the impressions of keepers, attendants, lay witnesses or even of the physician in charge of the case, but who has had little experience with the insane, the alienist is open to the charge of being weak, vacillating and untrustworthy. If, on the other hand, he insists upon making a thorough personal study of the case, and reaches a conclusion at variance with the opinion of physicians associated with him and displeasing to his retainers, he is liable to be called a crank, an egotist and a trouble maker, or he is suspected of having been bribed by the other side or is charged with being incompetent.

His course of action, the difficulties of which are not apparent to the uninitiated, does not meet the approval of upright men; nor does it appeal to that large class of so-called practical individuals whose highest and only standard of propriety and justification is success. With this latter class, unsuccessful rebellion is treason, successful rebellion is patriotism; unsuccessful speculation is gambling, successful speculation is business foresight, practical genius. But when the alienist becomes a witness in court he is condemned by even the questionable standards of the trimmers and opportunists and his good name suffers, whatever the final issue of the case in question. If he is successful and his opinion and testimony are sought after, he is corrupt and unscrupulous; if he is unsuccessful he is perhaps well meaning but incompetent or impractical. To deny the existence in this specialty of men who are both dishonest and incompetent would be too absurdly ridiculous for serious consideration; for weak, incompetent and corrupt men are found in all vocations.

The judiciary is not condemned because of a few unworthy judges; nor the bar on account of the meanness and rascality of some lawyers; nor bankers because some of them are thieves. But the shadow of suspicion universal and disquieting falls athwart the reputation of the alienist and like a freak of the unreasoning elements descends alike upon the just and the unjust.

Now if the alienist is more corrupt and incompetent in court than the surgeon, ophthalmologist, neurologist or general practitioner, it would be highly interesting and instructive if some genius would explain how it happens, by what law of natural or unnatural selection it is brought about, that the knaves and incompetents of medicine have adopted the study of psychiatry, while men of talent and integrity have studiously avoided this branch of knowledge. Since it is highly improbable that any such anamolous grouping in the specialties exists, or that the widespread dis-

* Read at the 144th annual meeting of the Medical Society of New Jersey, at Atlantic City, June 30, 1910.

trust of the specialist in mental diseases is the result of some strange freak of chance, it might be profitable for us to try to seek out the reason for this hostile attitude of the public and profession.

Is this distrust well founded or does it exist because of the inherent difficulties of the specialty in question?

Unfortunately as in almost all the affairs of men when motives and interests are forced into sharp conflict by opposing factions, the alienist does not always escape the contagion of partisan enthusiasm or resist the temptation to try to further his own interests and the interests of his friends at the expense of scientific truth and common justice. This species of dishonesty cannot be too severely condemned, for it is fraught with the most disastrous consequences to the body politic and lies at the very root of nearly all corruption, graft, injustice, cruelty and crime that dishonors Legislatures, stains the judicial ermine, subsidizes the press, converts reputable business men into criminal intriguers and fills your jails and penitentiaries with defaulters, embezzlers and common thieves.

Upon the alienist often rest responsibilities of the gravest import. Upon his judgment and opinion may hang the destiny of a man's property, reputation and liberty or even life itself. To him from time to time the State entrusts her Magna Charta and looks to him to so decide a given case that the standards of social order, economic stability and the individual safety of her citizens will be safeguarded and maintained. He is sworn to do his duty, which means that he is not to be partisan or advocate, but as between the State and the accused he shall endeavor to make the balance swing level. On the witness stand it is the physician's duty to tell the truth, the whole truth and nothing but the truth. To the evidence as set forth the courts apply the legal principles in the disposition of a given case. The alienist who knowingly and wilfully bears false witness against the prisoner at the bar and sends him to his death is as surely guilty of murder as he who plans an assassination for another to execute. The alienist who bears false witness against the State and frees a dangerous lunatic or a vicious criminal becomes a partner in crime and an enemy to society, to law and order and to the human race. In truth the supreme importance of the testimony of the alienist is derived from the vital interests effected, namely, the disposition of life, liberty and property.

The alienist cannot call to his aid the X ray, an exploratory incision, the chemist and bacteriologist, nor in case of death resort to an autopsy, and finally to the pathologist to assist him in clearing up difficult problems of diagnosis, and bring about agreement.

An impartial examination of the whole subject of expert testimony so-called, taking into consideration not only medical specialties but the whole province of specialized knowledge in other professions, in the arts and industries, would in all probability reveal a like divergence of opinion among the best informed individuals of all branches of human knowledge.

The alienist has to deal with questions involving the disposition of estates by will, the setting aside of business transactions, the rendering null and void of contracts and liabilities on the ground of alleged mental incapacity, or, with the question of life and death in a murder case.

Often these problems are of vital interest to the public and so the daily papers contain elaborate accounts of the trials, including the medical testimony, often the most important evidence adduced. Were it possible for these problems to arise in the domain of other medical specialties like publicity would soon overtake the disagreeing surgeons and general practitioners. But an individual does not execute his last will and testament by means of the vermiform appendix or commit homicide with his gallstones.

How often people consult you, complain of a few vague and ill-defined sensations, or of more definite symptoms such as headache, insomnia, anorexia and a feeling of anxiety and apprehension, in whom a thorough physical examination is productive of negative results. You tell the patient there is nothing the matter with him, to go home, stop his worry and forget it. Stop his worry! As well tell a patient with Bright's disease to stop passing albumin. Some day you are horrified to read in the papers an account of one of these people becoming violently insane, or committing suicide or worse still, a terrible homicide attended by circumstances of the most revolting brutality.

These victims of vague and imperfectly understood neuro-psychoses tormented by sensory and somatic paræsthesias and insomnia, and harrowing by strange and indefinable feelings of depression, anxiety and fear, wander from physician to physician and from clinic to clinic in search of relief.

The busy physician feels the pulse, looks at the tongue, asks a few questions, prescribes a cathartic and perhaps a tonic, and sends the patient away with the hope that he will get better. The more careful physician or the one with more time at his disposal will subject the patient to a thorough physical examination, and, failing to find objective symptoms, will address himself to a study of the mental condition, but is unable to detect evidence of illusions, hallucinations or delusions, the memory is not impaired; the patient comprehends his environment, follows the train of thought in conversation, does problems in arithmetic and shows little or no defect in the processes of idea-association. You have exhausted your diagnostic resources with negative results and are forced to sit in blank helplessness before a picture of misery. Being a conscientious man of science you will not prescribe treatment for which you are unable to find a rational indication. So you tell the patient there is nothing the matter with him, that he must stop his worry. After repeated experiences of this kind the unfortunate patient commits suiside, or takes to drink or drugs or becomes insane, or it may come to pass, as it often does, after what appears to him an endless period of suffering, he recovers and at once begins to wonder how it all happened, but is sure that he owes his life and reason to the last remedy tried, whether it be Christian Science, osteopathy, a trip to the mountains or old Dr. Mixim's vitalizing tonic, and, when he has a subsequent attack, comes to believe he is much worse than before because the same remedy that had worked a miracle at the end of the last attack fails completely at the beginning of a subsequent one. He does not know that his disease is self-limiting, and a majority of such cases recover from a given attack, with or without treatment.

These diseases of the emotions are often overlooked, or made light of, and are not considered as concrete entities. They are often the forerunners of impending mental dissolution, harbingers of coming evil that cast their shadows before. Adolph Myer points out that the greatest difficulty encountered by the alienist is to determine when these mental disorders reach the high tide of insanity, and it is upon the question that alienists of high repute sometimes clash.

If you will pardon the writer for referring to his own experience, one may emphasize the difficulties that confront the alienist by citing concrete examples.

Mrs. B., twenty-five years of age, developed a condition of depression, attended with delusions of unworthiness, accusatory hallucinations and suicidal impulses. She was sent to the hospital for the insane and after several weeks appeared to have recovered. Her husband was anxious to take her home, but, being a sensible man, would not think of doing so until the physicians in charge of her considered it safe and for her best interests.

Two of the medical officers, including the writer, subjected her to a searching examination, covering a period of over two hours, testing her mental and emotional state by every method which experience and study had supplied. The attendants in charge had observed no symptoms of mental disturbance in weeks, but stated that the patient had been cheerful, sociable and pleasant. After consultation it was decided that the patient had recovered and the husband was notified to come for her on the following day. That night she committed suicide in the hospital. Did she conceal her mental condition, or had she a sudden relapse after she had been pronounced recovered? Who can say?

Mr. H., superintendent of a large business concern, had not felt well for over a year, had been to a number of physicians and finally came to the writer. An exhaustive examination was practically barren of results and with some commonplace advice, designed to regulate his diet and induce sleep, he was told to call again in a week. Week after week he returned, sometimes feeling that he had improved; at other times certain he had not. Finally he came in a state of great agitation. He trembled with emotional excitement; perspiration beaded his forehead, and he looked the picture of despair. He began by saying he had not told all; that every time he had resolved to out with it, but had gone away without doing so, but now he must spit it out and be done with it. He had been possessed for more than a year with a desire to commit suicide; at times the impulse had been almost irresistible and last night it was overwhelming. All night he had walked the floor in an agony of fear. When told that he must go to a sanatorium he readily consented and became quite calm and collected.

He returned to his place of business, while the writer communicated with his wife. She would not believe her husband was in such a bad way, and her family

physician scorned the idea and said he would not sign the commitment papers. When the president of the business concern of which the patient was superintendent was told of the seriousness of the case, he smiled incredulously and sent the patient to his own (the president's) physician, who reported promptly that the patient was a little run down and needed a tonic, and would soon be all right. Of course the patient did not tell these physicians the worst, for, after the emotional storm had passed a certain degree of confidence returned and he became quite reticent. He did not return to the writer. About six weeks later he attempted suicide in his own home and was sent to the hospital for the insane. He appeared to improve quite rapidly and after several weeks of treatment his wife asked permission to take him home. Although advised by the physicians in charge of the case that it would be unsafe to remove the patient, she became very persistent in her demands, brought influence to bear on the authorities, had the patient's people come from a distant city to intercede, and sent her family physician to examine the case. After two or three visits the family physician, a most estimable and conscientious man, gave it as his opinion that the patient had recovered.

The physicians at the hospital declared that the patient had not recovered and was certain to commit suicide if allowed out. When threatened with habeas corpus proceedings it was realized by the hospital authorities that the patient would clear himself on the witness stand, and thus make them the butt of public ridicule, it was decided to adopt the path of least resistance and allow the patient to go. Five weeks later he committed suicide by taking carbolic acid and shooting himself.

Doctor X—, well known in his profession, was committed to the hospital for insane. He was in a state of depression and had delusions of persecution. He improved rapidly and at the end of a month his wife and son believed him quite well and the family physician was sure he had recovered. They were warned that the patient had not recovered and would commit suicide if allowed out. The wife and son were indignant at the idea, as the patient had never mentioned or attempted suicide, and the family physician had known him so many years he did not think he could be mistaken. He was allowed to go and in just three weeks he committed suicide by taking morphine.

Mrs. O—, age about thirty years, had passed through the stages of exaltation and depression of maniac-depressive insanity, and had been in a normal state of mind so far as could be ascertained for over four months. She was discharged recovered, and committed suicide within a week.

A. G., a boy of fifteen, committed to the hospital manifesting symptoms of dementia praecox. In four weeks his family believed him quite recovered and had him examined by two physicians, who could see no reason for keeping him in the hospital. He was discharged and after two years committed suicide.

Mr. G., a well-known business man, had been acting strangely for some months, but had little to say. The family became afraid of him and had him examined by the family physician. After several failures to detect anything wrong with the man, other physicians were called in with like results. Finally an alienist was called, and after a most exhaustive examination, covering a period of nearly three hours, with negative results, it was attempted to make the patient angry. This plan of campaign brought out a wealth of delusions truly amazing. He was committed to the hospital for the insane, where he developed the most disgusting habits, used the vilest of language, and was so violent and dangerous that he had to be kept in restraint a greater part of the time. He died within a year.

Mrs. F. made unpleasant gossip about the neighbors, created a scene in the street and was sent to the hospital. When she arrived at the hospital she was calm and coherent, and gave a very plausible explanation of her conduct. She was kept under observation for some weeks and, while her conduct was somewhat eccentric, she gave no trouble. A gentleman of considerable influence interceded in her behalf and she was released from the hospital. Within a fortnight, in a frenzy of excitement, she laid waste her sister's little store, threw a stone through the neighbor's window, paraded the street in an all but nude condition and used a wealth of profane and obscene language. She was returned to the hospital, where she had to be placed in a violent ward. She has been in the hospital about ten years and is hopelessly insane and very troublesome.

Mrs. L. turned on the gas, asphyxiated her two children, and was found unconscious. When seen at the jail by three physicians she said she had put her children out

of the world because she could not bear to have them grow up in poverty with no advantages, such as other children have, and such as she herself had had, or let them grow up in the hard and wicked world to suffer as she had suffered and perhaps fall into evil ways and be lost in the world to come. "But all this seems unnatural and morbid," she was told. "Ah," she replied, "you think I'm insane. Don't you see that I am entirely sane and logical? If I remained on a sinking craft and sent my children ashore you would call it a noble deed of self-sacrifice, but, when I go a step further in my devotion and love for them, and send my soul to everlasting perdition to make sure for them a home of eternal joy, you call it madness."

She knew she had violated the law and would probably hang, that she had committed a great sin, and would be lost, for she had been taught that no murderer can enter the Kingdom of Heaven, and she was a murderess. She certainly knew right from wrong and realized the nature and consequence of her actions. The woman's neighbors, the warden and matron of the jail, the keepers and two of the physicians who examined her were in great doubt, but leaned to the opinion that she was not insane. Finally, after repeated examinations, the dissenting physicians were convinced of the prisoner's insanity and she was sent to the State Hospital for the Insane. The physicians who gave in at the last moment were converted by the statement of the prisoner that she was very wicked and unworthy and ought not to be allowed to live. Yet even this was almost true, for she had murdered her own children.

J. R., twenty-two years of age, killed his father and mother with a gun and then tried to escape. Captured and sent to jail, he stoutly denied all knowledge of the crime, and his behaviour was pretty well on a par with that of the other prisoners. He was examined several times by physicians appointed for that purpose and while certain mental irregularities were detected, no symptoms were sufficiently pronounced to enable a diagnosis. A report was made to the prosecutor to the effect that, while the prisoner appeared to be of unsound mind, there were no symptoms of a very definite or distinctive character, and that the history of the case should be looked up and the prisoner kept under observation. Again the prison authorities and attaches could see no evidence of mental disturbance in the prisoner and the examining physicians were not of one accord. Later the prisoner developed an attack of maniacal frenzy which lasted several days and nights and all were convinced that it was a case of insanity. Meanwhile the prosecutor's detectives had ascertained that the prisoner had been confined in a New York State asylum for more than a year, and that it had been pronounced a case of dementia præcox and he had been discharged a few months before as recovered. He was sent to the asylum.

F., age twenty-one years, committed a triple murder of people he had known but a few days, went to a nearby house and reported that all the people where he had been staying were dead, but denied knowing how they had met their death. An elaborate analysis of the case, covering a period of three months and nine separate examinations, convinced the medical commission that the prisoner was not only mentally deficient but insane also. He was sent to an asylum.

McG., about fifty years of age, committed homicide at midday, in a crowded depot. The victim was a well-to-do business man and much public indignation was manifested. The prisoner was examined by seven physicians, three of whom had had considerable experience with the insane, one being an eminent alienist of national repute from New York. Disagreement arose among the physicians and it was decided to call in the eighth physician, who had had many years' experience on the medical staff of a large hospital for the insane. This last physician was requested to make an independent examination, and, without knowing who the other physicians were, or their opinions of the case, sent in a sealed report. After repeated examinations the report was submitted and found to be almost identically the same as had been sent in by the New York alienist. The eight physicians testified in court, five agreeing that the prisoner was insane and unfit to be tried, four of whom had had considerable experience with the insane, the other three considered the man sane but of limited mentality—somewhat below the average, and addicted to excessive drink. He was committed to the asylum.

V., age fifty, shot to death his wife and grown up daughter and then sent a bullet through his own breast. He was found unconscious and taken to the hospital where he recovered and was transferred to the jail. His story of the shooting made it clear

that jealousy was at the root of the tragedy. The prosecutor called a conference in his office of eight physicians before whom he laid the evidence of the case and asked for their opinion and advice. If the prisoner was insane and irresponsible, he would be satisfied with his commitment to an asylum. If he was legally responsible then he must be tried. Seven of these physicians thought the man legally responsible and should be tried; one dissented from this opinion. The prisoner was put on trial and, after some evidence had been given in court, another conference was held when all the members practically agreed with the previously dissenting physician and refused to go on the witness stand to testify against the prisoner. Subsequently two of them reconsidered the matter and testified in answer to a hypothetical question. It was proved that the prisoner had been an epileptic for twenty-five years, had attempted the life of his family physician on two occasions and had threatened suicide a number of times, and that he had attacks of psychic epilepsy when he would be confused, excited and full of delusions of persecution.

F. B. became infatuated with the woman where he boarded, induced her husband to go with him in the night to a lonely spot, where the husband was killed, and the body left on the railroad track. In a short time the train hove in sight and, while the body was seen by the engineer, he was unable to stop the train before it struck the body. So it was decided that the man had been drunk and asleep on the track and was killed by the train. Several days later it leaked out that F. B. and the dead man's wife were secretly preparing to leave the country. Investigation uncovered incriminating evidence and F. B. was arrested. He at first denied any knowledge of the crime, but, when told that the woman had already given evidence against him, he broke down and confessed to having murdered the man, giving details and motives.

Two lengthy examinations of the prisoner resulted in failure to detect symptoms of unsoundness of mind. After these examinations were made the prisoner's counsel had subsequent examinations made by other physicians. To these physicians the prisoner gave a wealth of apparent symptoms of a disordered mentality. He said he heard voices, saw visions, conversed with the dead, and entertained numerous fantastic beliefs. He could read people's minds; he was a prophet, a magician, a strong man, a great inventor and possessed fabulous wealth. He was wicked, unworthy and ought not to live. The physicians who were not present at the first and second examinations were readily convinced that the prisoner was insane. But when it was pointed out that the prisoner was shrewd enough to understand that there must be some questions as to his sanity, else such questions would not have been put to him, and, seizing upon the symptoms suggested by the questions, he was simulating insanity, and that the thoughts, feelings and conduct thus displayed formed a picture which did not conform to that of the symptoms complex of any known form of insanity, they were in so much doubt that they were not called upon to testify and the prisoner was convicted and executed.

M., in a fit of jealousy, shot to death his wife's cousin. There being no other defence, the prisoner's sanity was questioned. After repeated examinations of the prisoner, the commission reported him sane and he was tried, convicted and sentenced to hang. The friends of the condemned man rallied to his aid, appealed to his native country for intervention and succeeded through the local consul and minister at Washington in having another commission appointed to investigate the case. Repeated examinations by the commission were practically barren of results, but the task of the commission was rendered more difficult by the introduction of evidence which was indicative of insanity, but which had the suspicious ring of having been manufactured for the occasion by his over-zealous friends. Three members of the commission concurred in the opinion that the condemned was sane and sent in a majority report to that effect. The dissenting physician delivered an able, elaborate and brilliant minority report which did great credit to his sincerity, courage and learning, but the execution took place in due time.

J. S., convicted of an attempt at robbery and sent to State Prison, was removed to the county jail for a new trial, the Court of Appeals having set aside the verdict of the first one. His strange conduct and violent language led to the suspicion that he was not of sound mind.

When examined by the writer he was excited, face flushed, talked incessantly; said he was an anarchist and an atheist, and gloried in his views; said that the American Government was worse than that of Russia; that the detectives, police, prosecutor, judge, wardens of the jail and State

Prison and the public press had entered into a conspiracy and had formed a league against him; that all church people were liars and scoundrels and were organized for the sole purpose of keeping the people in stupid ignorance and slavery; that the only hope for the working man was in anarchy and atheism, and that the only sincere people in existence were of that belief. When talking upon these subjects he would get into a state of almost maniacal excitement and gesticulate extravagantly, and some of the keepers stated he had sworn that he would kill the judge and some other officials whom he accused of banding together to hound and persecute him. He was reported insane and regarded as probably a mild case of paranoia reformatoria, but nevertheless a dangerous man.

Some days later he was examined by two other physicians who reported that they found the prisoner calm, coherent and rational; that he rather apologized for entertaining his beliefs and blamed his associates and the books he had read; denied that he had ever threatened any one's life; said that he thought the judge and prosecutor had been misinformed about his case and that he bore them no ill will. He gave a plausible and connected history of his life and of his connection with the charges against him. Upon this report the prisoner was released.

Question—Was the prisoner insane when first examined, and had passed into a lucid interval at the time of the subsequent examinations; was his delusional condition inhibited or concealed by the dominating and restraining influence of motive, the fear of being sent to a madhouse as he called it; or, was the opinion based upon the first examination erroneous? Who can say?

Now, in all the cases cited, and scores of other like cases could be mentioned by the writer from his own personal experience, the medical men concerned in solving the mental problems presented were one and all paid by the State and there was no motive for disagreement. The prisoners had no means and with one exception practically no influence and yet, in almost every case, there were some differences of opinion, considerable discussion, occasionally some unpleasant feeling. In but two cases, however, were minority reports handed up.

Information of these medical battles never reached the public and there were no sensational newspaper reports of them.

In the writer's experience the courts have tried to be just and liberal-minded in the disposition of these difficult cases, and have desired that each case be decided upon its real merits.

In the great majority of cases of insanity the symptoms are so well defined that differences of opinion do not arise, and, in the more difficult cases, there is sufficient agreement among the experts to prevent, in most instances, an open contest in court. A legally constituted board composed of competent specialists in mental diseases, to whom all cases of supposed insanity would be referred, is highly desirable, provided the alleged constitutional difficulties that would prevent the practical operation of such a plan can be overcome; although it is doubtful whether the number of cases contested in court would be very considerably decreased by such a board. Agreement in all cases would certainly be impossible were all the members of the board men of independence and integrity.

Mrs. ——, a middle-aged widow, possessed of an estate said to approach a hundred thousand dollars in value, was committed to the hospital by her only child, a daughter with two children. The patient's brother, who, it was said, was the recipient of a liberal allowance from his sister, instituted proceedings for her release.

Two physicians, one of whom had had large experience with the insane, were employed to examine her. They repaired to the hospital where the patient was kept, subjected her to an elaborate examination, and were on the point of leaving, without eliciting any symptoms of insanity. One of the physicians, more anxious to know the truth than to make a case, appealed to one of the hospital physicians in charge of the patient, asked him to endeavor to bring out the delusions it was claimed she had. This the ward physician could readily do, for he had the advantage of having had the patient under observation for some days and was acquainted with the nature of her delusions. In a few minutes both physicians and even the lawyer who had been retained to secure her release were convinced that the patient was very insane.

Some months later another lawyer took up the case, made numerous visits to the hospital and had long interviews with the patient. He then instituted legal proceedings for her release and sent physicians to examine her. Two physicians, one of whom was the medical head of a large State hospital for the insane, testified that not only was the patient sane at the time of his examination of her, but he entertained con-

siderable doubt as to whether she had ever been insane. The patient was put on the witness stand, where she displayed, in a long and searching cross-examination, an excellent memory for names, dates and events, considerable tact, resourcefulness and self-control in answering, refusing to answer and dodging the questions put to her.

When the lawyer who conducted the cross-examination would ask her questions bearing directly upon her delusions and hallucinations she would either evade the question or flatly deny that she had ever entertained the alleged beliefs, or would explain that whatever she had said relative to these absurd ideas was said in fun and to make herself amusing. Her lawyer then secured the services of a New York alienist of national repute, who examined the patient and read the testimony of the physicians who had already testified that the patient was not insane, and yet, in spite of the fact that he doubtless would have received a large fee for testimony corroborative of that given by the other physicians, he was not put on the witness stand. The patient was declared insane and remanded to the hospital. This trial occurred five years ago and the patient is still in the asylum and is very insane.

A gentleman possessed of considerable wealth became financially involved during a panic in the business world. The payment of debts was refused by his family on the ground that the debtor was insane when the debts were contracted. Suit was instituted by the creditors and permission was asked to have the alleged lunatic examined by physicians selected by the creditors. This request was promptly refused and an appeal to the court for an order for the desired examination was also denied on the ground that the judge had no legal authority to issue such an order. It was claimed that this man had been of unsound mind for more than seven years, yet he had personally looked after extensive business interests during all this time and had never been committed to an institution for the insane.

Four physicians who had had unlimited access to the case and had personally treated it, testified: one, that he had treated the patient for neurasthenia, but later had come to the conclusion that it was a case of paranoia; another, that he had noted peculiar and erratic conduct on the part of the patient for a number of years and had come to believe it a form of paranoia, and so testified before the commission which declared the patient insane, but that he had changed his opinion and now considered it a case of maniac-depressive insanity and so testified; the third physician to testify had had years of experience in a large hospital for the insane and had had the patient under daily observation for several weeks and believed it to be a case of circular insanity, and that the patient was in a state of violent mania; the fourth one, who also had had large experience with the insane and had had the patient under observation during the same period of time, testified that he considered it a mild and harmless case of exaltation, the hypomania of maniac depressive insanity.

So it is quite plain that, although these physicians had known and treated the patient covering long periods of time, they were unable to agree upon a diagnosis. According to the testimony brought out in the trial, the medical care, treatment and advice given in the case were such as are recommended for certain cases of neurasthenia by all standard medical works and which are not recommended by any standard work for the treatment of paranoia or for the exaltation of circular insanity or for any stage of exaltation in any other form of maniac depressive insanity; and so it is doubtful whether a commission of experts appointed by the court could have agreed upon a diagnosis.

If the physicians selected by the creditors were denied access to the patient because of the suspicion that they would be prejudiced and unfair, have not the creditors equally reasonable grounds for entertaining a like mistrust of the physicians who supported the insanity theory? Of the physicians who supported the insanity plea, some of them and the patient had been playmates, had gone to school together, had lived near neighbors most of their lives and had always been friends, while others testified that they were themselves under great personal obligations to the family for past favors.

Their long acquaintance, personal contact and familiarity with the case rendered these gentlemen peculiarly competent to judge of its merits. But there is not one in this audience who does not know that the sense of loyalty growing out of long friendships and personal attachment, or out of a feeling of gratitude or obligation, is liable to unconsciously color the views of the most upright of men, influence the processes of deduction by which conclusions are reached, deflect the delicate needle in

the compass of judgment, and thus greatly impair the usefulness of opinion except for partisan purposes.

In cases of this class it would be far better to have counsel for opposing parties agree upon a list of physicians to be submitted to the court from which he would select two, who in turn would agree upon a third man—this commission of three to have access to the patient and to all the facts bearing upon the case; certainly it would be absurd and unfair to rest a decision in such a case solely upon *ex parte* evidence.

These cases have been cited to show that honest and conscientious effort to reach a true diagnosis in cases of alleged insanity is the rule and not the exception, and that disagreement in some cases is, in the present imperfect state of knowledge on the subject, inevitable under any system.

Conscientious, competent and honorable men will sometimes disagree in their conclusions after reviewing the same set of facts. Indeed, progress in every department of knowledge grows out of conflict of opinion. During the middle ages there were a thousand years of agreement. Civilization stood still while ignorance and superstition blackened the pages of history.

Had not our forefathers disagreed with the narrow-minded bigots of Church and State and had they not fought and bled and died for what they believed to be right, we to-day would be crouching at the feet of an unknown power. The criminal bows to the mandates of his gang; the subservient menial to the opinion of the powerful and the slave to the dictum of his master; but science owes its progress to the independent and courageous thinkers and investigators who have fought for the right to differ; who have built a highway broad and free into every field of inquiry and have endeavored to make the humblest seeker after truth, who walks therein, as secure in life and reputation as the soldier who sleeps behind the ramparts.

Until the conflicting systems of psychology and the diverse schools of psychiatry shall have been merged into a more uniform and a more exact science of the mind, it is folly to expect agreement in all cases of mental disorders.

Much progress has been made in the care and disposition of the insane, yet there is much to be done. Ignorance and prejudice must be overcome and antiquated legal standards and methods revised.

True, the insane are no longer murdered as witches, chained as demoniacs, and imprisoned as sorcerers. These superstitions and errors lie dead at the feet of science and progress and the world has awakened from the hideous nightmare of a terrible dream which was shamefully real and atrociously cruel. But some of the prejudices, wolfish instincts and proscriptive vices of a barbarous past have been transmitted to our generation and we sometimes hear loud clamors for the blood of a prisoner in spite of the fact that he is insane.

But the alienist of courage and honesty will dare to do his duty; nor will he be intimidated by the deep-mouth bray of the demagogue who appeals to the brutal instincts of a bygone age with his loud proclaim: "Down with the plea of insanity. I will none of it. All alienists are liars and rogues and ready to sell their honor for a mess of pottage;" nor will he be influenced by the maudlin sympathy with which many people are sometimes wrought into white heat by the sentimental and romantic halo created about the criminal by the subsidized agents of the yellow journals.

Society's protection against these homicides can be secured not by executing the insane, but by practical, humane and scientific methods of prevention. Dangerous lunatics should not be allowed at large, and family pride, morbid sentiment and unscrupulous legal intermeddling to the contrary in these cases should be put down with an iron hand.

The plan recently advocated of railroading an insane person through court—the suggestion that a man be tried, convicted and sentenced when he is mentally diseased and incapable of preparing his defence or of understanding the nature of the legal proceedings is monstrous, is worthy of the dark ages and is clearly destructive of the most sacred and fundamental rights of the individual.

DISCUSSION.

Dr. Edward J. Ill, Newark, opened the discussion on this paper. He said that he was glad that Dr. Hicks had brought the subject so well before the society. All its members knew his honest intentions and the esteem in which his opinion is held by the court and laity, as well as the profession. They were also well aware of his efforts to gain sound pathological knowledge of this dark subject of insanity.

Dr. Hicks had truly said that the alienist has suffered most as the result of the severe criticism which the profession has received at the hands of the laity. Dr. Ill wished to add that this was right; for they were the ones who had sinned the most, as the result of which good and bad had suffered alike. He understood and

conceded that the work of the alienist is the most difficult and the most unsatisfactory in the whole line of medical research. It was for just this reason that the alienist had been a toy in the hands of the shrewd lawyers. They had sown the wind, and reaped the storm.

Dr. Ill said that for the alienist who wished to keep his hands free from suspicion, there was but one course: to refuse testimony in court as an expert so long as the present anomalous condition exists. He thought that the court, bar and laity would soon come to their senses under these circumstances. The State cannot demand of the physician that he jeopardize his good name, unless it protects him from the suspicions with which the expert is looked upon at the present time; and Dr. Ill said that this is true alike of every practitioner of medicine, and not only of the alienist.

He agreed with what Dr. Hicks had said regarding practitioners of other branches of medicine than that pursued by the alienist; but he reiterated that the latter had sinned the most. Dr. Ill considered the third case related by Dr. Hicks as just the kind that had done so much harm. In this case, it was the testimony of the medical head of a large State hospital for the insane that had done the mischief. This man should have known better than to say "that he entertained considerable doubt as to whether the woman had ever been insane."

Dr. Ill said physicians are aware that their art is far from perfect. It is for just this reason that the present status of expert testimony is a discredit to an otherwise highly civilized community. Dr. Hicks had himself conceded the imperfect state of the knowledge on the subject, and had offered what seemed to Dr. Ill a reasonable remedy. Dr. Ill said that our courts and laws need not only revision on the subject of expert testimony, but also on many other points.

DR. EDWARD E. WORL, Newark, said that there is constant complaint that physicians are not to-day regarded as highly in the community as they used to be, and that this subject is one with which the ordinary practitioner is not thoroughly familiar. All physicians, however, know something about it in a general way. Dr. Worl said that, while he did not know how many drinks it would take to make a man drunk, he did know when the man was drunk. It was the same with nervous diseases, and especially with forms of insanity. He did not know the process and the degree of insanity, but he knew when a man was insane. Yet if general practitioners go into court and testify, they are overwhelmed with some witness who has a high standing in nervous diseases.

Dr. Worl thought that there was but one way to get at the subject, and that was for a recognized board of some kind to select the men who should testify. It should then be in the power of the judge to make an impartial selection from these men, and this witness should stand for both sides. He should be subjected to a cross-examination from each side.

Dr. Worl said that the demonstration of insanity is exceedingly difficult, unless one knows the previous life and peculiarities of the patient. It seemed to him that there should be some resolution on the part of the Legislative Committee of the society with the object of bringing about a better state of affairs. Two or three years ago, Judge Garrison made an address before the society, terminating it by saying that the medical profession should look for no relief from the legal profession; that the matter rested with the doctors. Dr. Worl did not think that it should be in the power of any lawyer to hire a doctor to give testimony only on his own si 'e.

DR. E. MOORE FISHER, Greystone Park, agreed with one statement made by Dr. Hicks, that progress is obtained through differences of opinion. The speaker thought that in most of these legal cases there is room for an honest difference of opinion, and said that no one would find fault with this. It is the dishonest differences of opinion that medical men find fault with. He thought, however, that it came with very bad grace from the legal profession to say that doctors never agree; because the United States Supreme Court decides case after case by turning in two different opinions, when its members have all had the same evidence before them, written down in black and white.

DR. WALTER B. JOHNSON, Paterson, considered that a great deal of the difficulty is due to the lawyers and to the press. These fix in the minds of the public conditions that are not borne out by the facts of the testimony, if carefully gone over from a legal point of view. He thought that it was not for doctors to admit or to suggest that they had been giving to the courts dishonest evidence. He did not believe—in fact, he would hesitate very much to believe—that any doctor would go bfore a court and give, for a fee, dishonest testimony. He was willing to admit that if a doctor is employed on one side and puts all his time on the study of that side with a view to doing all he can for it, he is apt to be honestly biased in its favor. He did not, however, believe this witness dishonest, but thought that he believed in the evidence presented in the case in which he was testifying, and considered himself to be testifying to the truth.

He said that this question related not only to the alienist, but also to the entire field of medical testimony. It seemed to him that, while there appears in the minds of the jury and the lay people to be an absolute difference of opinion between different doctors testifying in a given case, a careful analysis of these opinions by a board of physicians might bring out the fact that the two opinions were very close together.

In regard to what Judge Garrison had said at Long Branch, that it was up to the physician to correct this evil, he said that he was sure that he himself could not see how this was so. The jurists of the country had considered the question for a long time seriously, and could not come to any agreement by which it would be possible to get testimony delivered by experts that would not be party testimony, this being due to the fact that no board or commission could be appointed that would permit a certain number of persons to be selected by the court or other body of men to testify as to the condition of a certain person, because the person on trial could demand that any other witness he wished, expert or otherwise, should be heard. No court could refuse a man on trial the privilege of defending himself to the full extent of the law.

He called attention to the frequency of difference of opinion in the reviews of legal testimony and of fact by the courts in cases sub-

mitted to the judiciary alone without jury, and asked how common it was for the judges of even the highest court in the United States, the Supreme Court, to file an opinion with the statement five for and three against, the number for or against varying, and stated that it was not common for a unanimous agreement to be reached.

He said he was not criticising the court, and that even if the personal equasion was completely eliminated he claimed that an honest difference of opinion by such a court on questions of law and fact should be less likely than an honest difference of opinion by medical experts on a question of theory, based on pathological conditions as etiological factors in the production of symptoms, which factors cannot be demonstrated ante-mortem.

THE RELATION OF WATER TO MALARIAL FEVERS.*

By John Walters, M. D.,
Wharton, N. J.

Malarial fever prevailed in Wharton soon after it became a mining camp and continued prevalent until 1880. During this time it attacked almost all the people at some period in the season. Many had repeated attacks, some in a chronic form, while others suffered from neuralgias, etc., following the disease. The surrounding country is mountainous, with marshes, swamps, springs, wells, etc., also the mosquito in season and particularly in the low, swampy zones between the hills.

The water for domestic purposes was obtained from springs and wells. During 1878, 1879 and 1880 two mining companies, in order to avoid excessive charges for pumping, drove a tunnel through the centre of the town, in order to drain off what they termed surface water. This suddenly drained all the wells and springs in the town by taking the water for about eighty feet below the surface. At the same time it was noticed that malaria began to disappear, and shortly after it had almost entirely died out. The marshes and swamps remained for the most part, and the mosquitoes are still present except in a few localities where swamps have been filled in for building or gardening purposes. In order to obtain water for domestic purposes, cisterns were now constructed, and they are quite generally in use in the more thickly settled portions of the town. Here malaria has not reappeared, though mosquitoes in season are as vigorous as ever.

It might be contended that the mosquitoes which we now have are not of the malaria-carrying variety; but it would be a strange coincidence for the non-carrying variety to exchange with the malaria-carrying species at or shortly after the time of the change in the water supply. Then, too, it is not likely that such a change would take place while the malarial variety remained and was still present in the country just outside the drained portion.

Authorities admit that the *Plasmodium malariae* undergoes a complicated developmental cycle in the digestive tract of the mosquito before infection can be effected by the sting of that insect. If such a change in the *Plasmodium malariae* does take place in the digestive tract of the mosquito, is it not highly probable that the plasmodium, thus changed, finds its way from the mosquito into the water frequented by the insects and is finally carried into springs or wells, and that the water of such springs or wells, taken into the stomach of a human being, may produce malarial fever? The excreta of mosquitoes can as readily pass through soil as those of other animal or vegetable forms. It may readily be seen that many springs and wells are replenished by water from neighboring swamps or marshy spots, as the amount of water in such springs and wells varies according to the fullness of adjacent swamps or marshes. I have frequently observed acute cases of malarial disease in the early spring, before the mosquito appears. I treated several such cases in April of the present year, and I was invariably able to obtain the history of the affected person having drunk spring or well water before seeking for relief. Those springs or wells are situated near swamps or marshes where mosquitoes breed and are present during the season, and the malaria, which had occurred before the appearance of the insects, persists.

It is my belief, founded on observation, that, though mosquitoes may be present and sting, one may enjoy immunity from malarial disease by avoiding water contaminated with their excreta, that is, with plasmodia that have been changed in their digestive tracts; that then people will not suffer as set forth by Dr. R. W. Wilcox in his work of 1908, as follows: "The hæmatozoon of malaria is a parasitic body developing within the organism of all the varieties of anopheles, the common mosquito, and transmitted to man through the sting of this insect." Apparently this view is quite generally accepted by the profession.

* Read at the 144th annual meeting of the Medical Society of New Jersey, Atlantic City, June 30, 1910.

Dr. Gorgas, of Panama, in his address as president of the American Medical Association, in Atlantic City, N. J., on June 9, 1909, said that drainage was par excellence the means for the destruction of anopheles. I would suggest making it read: the means of wiping out malaria, provided the water was not used for drinking purposes.

Before referring to cases, I desire to speak of quinine and of the reason why it is sometimes said to be efficient and again not so, for which reason more than for any other except a peculiar idiosyncrasy many other drugs have been employed with varying degrees of success. If we consider the properties of quinine, we recognize that it is readily dissolved in the normal stomach, but how frequently the stomach loses its acidity in malarial fever! Under such conditions, what is the use, and why is it not an abuse, also a waste of time and medicine, to administer quinine in the form of pills, powders or capsules, unless it is first rendered soluble and ready for absorption on entering the stomach? This is an easy matter. To my mind, the most desirable way of accomplishing it is to add enough quinine to tincture of chloride of iron to make a mixture containing the desired proportion of each, dependent on the patient's age, etc. The iron not only dissolves the quinine, but at once improves the depleted red corpuscles, while the mixture acts immediately upon the poison, correcting the stomach and abating the symptoms with surprising rapidity. In no other way have I produced such prompt relief. I am convinced that, except for an idiosyncrasy occasionally met with, we have a specific in quinine.

The country surrounding Wharton is of similar formation, and with few exceptions we find malaria, swamps, marshes, springs, wells and mosquitoes. Occasionally we find narrow zones where malaria does not exist.

I. In a settlement a mile northeast of Wharton, with a population of 500, we find each season an abundance of malarial disease, especially in those who reside there and use the spring and well water, while the 300 employed in the mines, who, though they live in Wharton, drink the water in the mines, are apparently free from malaria.

II. North of Wharton we have an industry employing from 300 to 500 hands, situated about three miles from the drained part of Wharton. A few families reside there. The valley is largely composed of marshy soil, with springs which furnish the water for domestic purposes. A large stream passes through the valley and near the stream there are many springs, so that in wet weather the valley is flooded. Here the disease prevails each season, and many become infected and suffer at their homes, wherever they may be.

III. On the top of a hill between the two places above described there are two swamps. A family of nine who live near the swamps have a well about fifty feet distant from one, and a hundred feet from the other, and every season there is malarial disease in some members of the family, lasting most of the season, even if quinine is freely used.

IV. Northwest of Wharton the ground rises to more than 900 feet above sea level. On the top there are marshes, springs, swamps and considerable malaria, except in one high portion, where there are no swamps or springs, and but few wells; there are mosquitoes, but no malaria. Dr. M. informs me that in seven years of active practice, so far as he recalls, he has not had a single case of malaria originating on this high portion, but on the lowlands about half a mile to the west the disease prevails every season, particularly in the low, marshy places, where I have noticed an abundance of spring water as well as many wells.

V. Southeast of Wharton there is a city of 8,000 inhabitants. Until seven years ago water from springs near marshy spots was collected in a reservoir and supplied to the town. Then the disease was present, but since about 1903, driven wells have supplied the city with water, and I am informed that it is free from the disease.

The incubation varies from one day to several months, the variation being due apparently to the different amounts of infectious matter in the system.

Case I. W. R. There is a well in front of the house, and there is a swamp fifty feet distant across the road. The water in the well varies with the amount in the swamp. In very dry weather the swamp is dry and there is but little water in the well, and it is especially at such times we find the disease well marked and not infrequently of a chronic form, with quinine in daily use.

Southwest of Wharton and about two miles distant we have a mountain sloping east and west and extending southwest for some miles. There are no swamps or springs, but there are a number of wells and some mosquitoes. I fail to recall a case of malarial disease which, in the course

f twenty years, I could trace to this lo-ality.

Case II. J. W., twenty-four years old, blacksmith, was taken with chills and ever in April, 1905, and the attack de-eloped into chronic malarial disease. He emained at home, under treatment and un-ble to work, until the following Decem-er. There was a chill every second day t first; then they became irregular. There was loss of appetite, with nausea, vomiting, onstipation and scanty, dark-colored urine. He was drowsy, but his sleep was restless. There was an increased area of dullness ver the spleen, with severe headache, jaun-lice, loss of flesh, and marked prostration. He improved during November and De-cember and then returned to work, but he was unable to work regularly and gained but little strength.

The following spring he again suffered and came under treatment. The disease ran about the same course as in the previ-ous summer. During the late fall and win-ter he again improved and worked irregu-larly. The following summer he again suffered from the disease and was admitted into a hospital for treatment, with about the same success as on the other occasions. During the spring of 1908 he began to suf-fer as in previous attacks. In June I was called to see him, and I found him with marked chronic malaria—the spleen con-siderably enlarged, malarial cachexia, etc.—with the surroundings favorable to its de-velopment. After I had treated him for two weeks he returned to work, at first ir-regularly; but soon he was able to continue regularly and gained flesh and strength, but was not so well as before his illness. Dur-ing the spring of 1910 he again complained and was unable to work for about a week. Since that time he has been well, strong and apparently free from disease. I advised boiling the drinking water. The medicinal treatment was with five grains of quinine dissolved in fifteen minims of tincture of chloride of iron every three hours until he was much improved, and then three times a day until late in the fall.

Case III. J. C., thirty-nine years old, a trainman, had a chill, fever, and sweating every forty-eight hours from April 20 to November 15, 1906, with loss of appetite, nausea, vomiting, constipation, scanty and high-colored urine, severe headache and backache, drowsiness, inability to sleep well, loss of flesh and strength, increased extent of dullness over spleen, and herpes of the face. He lived in Plymouth, Pa., and used for drinking purposes water from a spring which was near low, damp ground.

During the course of the disease he was treated by three physicians before I saw him, on November 5, 1906. The last of the three had him well convinced of infec-tion by the Jersey mosquito on each of his trips across the Jersey meadows, which was every second day—convinced, too, that the mosquito infected him to such a degree that whatever medicines were given to him had no curative effect. I prescribed a solution of an ounce of quinine sulphate in four fluid ounces of tincture of chloride of iron, fifteen minims in a capsule, every three hours for a week, and then three times a day until all the capsules had been taken; also half a grain of calomel every half hour until there was a free evacuation. The drinking water was to be boiled.

On the following day a chill was due, but did not appear, though he complained of a feeling suggesting its occurrence. From this time he improved rapidly until Decem-ber 6th, when the medicine was ordered to be given only three times a day. During the spring of 1907 he was using the spring water, when he again complained. He was put on the same treatment as before. The result was rapid and he has remained well ever since.

Case IV. Mrs. H. S., residing on a hill-side with a southern exposure. Along the same hill there are several families, all us-ing water from wells that are quite deep and driven through rock. The patient has lived there since 1902, and during all that time had enjoyed good health until January, 1910, when the well was dry and water was used from a spring near a swamp and a marshy meadow. She began to complain late in January, when she was about six and a half months pregnant. She continued to grow worse until March 15th, when I was called to see her. She had chills, fever, sweats, nausea, constipation, scanty and high-colored urine, enlargement of the spleen, intense headache, severe backache, very persistent vomiting of a greenish yel-low fluid, loss of flesh and strength, marked jaundice, dry and brown tongue, and fis-sures of the lips.

Treatment—For a week, two grains of quinine every two hours; morphine hypo-dermically for pain and inability to sleep; calomel for the bowels. During the week she gradually grew worse, and at the end of the week I put her on the quinine and iron solution, five grains to fifteen minims in a capsule, every three hours. At the end of

twenty-four hours there was a pronounced improvement, which continued, and at the end of another week she was about the house. She was delivered at term, and mother and daughter are now well.

Case V. J. G., twenty-nine years old, left for Porto Bello, Canal Zone, on November 9, 1909. Two days after arriving he had a chill. He remained there until January 8, 1910, when he left for home. He was fifteen days in going and returning. The symptoms were chills, fever, sweats, nausea, vomiting, diarrhœa, and a sanguineous discharge by the rectum. He was admitted into a hospital and remained there seven days. He again returned to work, but left for home after two days. He was treated with quinine in capsules and quinine in rum. I saw him on January 19, 1910, and gave him five grains of quinine and fifteen minims of tincture of chloride of iron in capsules, every three hours. He resumed work on the 24th of January and has since remained well.

Case VI. A. H., aged thirty-four, an engineer in a mine. His home and place of work adjoin marshy land, and the water is obtained from a neighboring spring. He had been ailing and under treatment for three months when he came to my office with the following symptoms: General malaise, loss of appetite, constipation, irregular febrile movements, loss of flesh, cachexia, marked increase in the size of the spleen, scanty and high-colored urine, soreness over the abdomen, and vomiting. Dr. P., who lived some twenty-five miles distant, had given him a note requesting me to wash out the stomach three times a week, relieve the pain, and put him on a non-irritating and easily digested diet, as he probably was suffering from a new growth of the stomach. I gave him five grains of quinine and fifteen minims of tincture of chloride of iron, in capsules, every three hours, also half a grain of calomel every hour until catharsis was produced. I advised him to boil the water before drinking it, and asked him to return at the end of a week. I next saw him eighteen months later, when he told me that he was well by the time the bottle was empty, and therefore he had not called again. That was in 1905. He is now well and has been since he took the medicine above mentioned.

Case VII. J. U., fifty-eight years old, a resident of Wharton for forty years. He had malaria previous to 1880. From 1880 to 1909 he drank cistern water and enjoyed good health—was free from malaria. In the spring of 1909 his employer had him leave home to do some work where the patient last referred to, worked (some seven miles from his home). Here he used spring water and sometimes well water. He was now attacked with malaria and obliged to return home after two weeks' absence. In January, 1910, he accepted a position at the plant referred to as north of Wharton (U. S. Government), and after complaining for some weeks, visited me on May 3, 1910, on account of general malaise, loss of appetite, nausea, loss of flesh and strength, constipation, headache and backache. He was sometimes chilly and the area of the splenic dullness was increased. The urine was scanty and high-colored, he was languid and drowsy, with pain in the limbs, and his tongue dry and coated. He responded promptly to quinine and iron on both occasions.

It will be noted in the foregoing that malaria occurred before mosquitoes were present. It has not returned in the drained part of the town of Wharton since it disappeared, in 1880, while the mosquitoes have remained, together with the swamps, but there are no springs or wells. Malaria now exists, as it always has, in the surrounding country, where we have wells and springs with marshy swamps and mosquitoes. The foregoing facts have convinced me that malarial disease is contracted by drinking water from springs and wells into which drainage from swamps and marshes carries the larvæ from the breeding places of mosquitoes, and not from the sting of the mosquito. It is admitted that the hæmorrhagic form is the result of a malarial toxine, and is usually not accompanied by active malarial symptoms. The cause is malaria, but whether it is the result of infection with a distant type of parasite is not known.

DISCUSSION.

DR. FRANK J, KELLER, Paterson, said that the subject of malaria is of vital importance, and particularly interesting to residents of New Jersey, owing to the number of the salt marshes. In regard to the prevention of the disease, he had failed to hear the author mention in his paper the fact that fifteen years ago Dr. Rusby stated there had been appointed a commission to investigate the subject, which had brought forcibly to the attention of the medical profession the fact that the existence of malaria is not only a question of drainage or water, but also of the foliage surrounding the area. He had also stated that they were of the opinion that if they received two hundred thousand dollars, they would guarantee to free the meadows of New Jersey from malaria by planting the

ucalyptus tree, claiming that many trees of hat order, and also many other species of lants, if propagated through the malarial dis-ricts, would be antagonistic to the growth of he species of mosquito that produces malaria.

Dr. Keller said that all are agreed regarding he efficacy of quinine, but he thought that the articular method of introduction of this drug as merely a hobby.

DR. EDWARD B. ROGERS, Collingswood, hought that the good results that Dr. Walters ad obtained from this particular method of dministering quinine were due to the fact that he tincture of iron contains a fair amount of ree hydrochloric acid, and that he had admin-stered the quinine in the soluble solution. While he iron helps to overcome the anemia, any ther form of iron would have given that re-ult, but would not have helped to produce ab-orption. Dr. Rogers thought that attention hould be called to the fact that hydrochloric cid helps in the absorption of quinine.

DR. LINN EMERSON, Orange, agreed with Dr. Walters as to the method of using quinine, nd also with Dr. Rogers, and stated that the ort of malaria found in New Jersey is very nild compared with that existing in tropical egions. During the Cuban War, a great many soldiers from Cuba were treated for malaria in he hospital in which Dr. Emerson was serving as interne; and the kind of attacks they had made him feel that what he had seen before was not malaria at all. The soldiers had severe chills and fever, with temperatures running up to 106 and 108 degrees; and they simply melted away, as they would in a profound infection with typhoid, dying in a week or ten days. The use of quinine in these cases by the ordinary meth-ods, giving as much as ten grains every four or five hours, had no effect whatever on the chills. Some one then made the suggestion that thirty grains of quinine should be given at one dose, with thirty minims of dilute nitro-hydro-chloric acid, one hour before the time that the chill was expected. This suggestion was carried out in the later cases, with the result that one dose knocked out the chills, though the patients had been receiving quinine in the other way without any effect. The result was almost mar-velous in these cases.

FRACTURE OF THE INTERNAL CONDYLE OF THE HUMERUS.*

BY JOHN J. MOONEY, M. D.,
JERSEY CITY, N. J.

Surgeon St. Francis Hospital; Gynecologist, Jersey City General Hospital.

To the practitioner of medicine there is no other simple injury that I know of which causes more anxiety in its treatment and calls forth more adverse criticism in its results than the simple fracture of the internal condyle of the humerus. It begins sometimes with little or no apparent deformity to the layman's eye, but ends, if not carefully handled, as a lifelong living monument to the skill of the practitioner.

The time limit of ten minutes which has been set on this paper by our honorable president necessitates considerable brevity in the handling of so large and so important a subject.

The severing of the continuity of the internal condyle from the humerus is a grave accident and results from a direct force, usually a blow or a fall.

This fracture, which is a common one, is in the majority of cases oblique and into the joint, although I have seen cases where the condyle is simply chipped off, the joint not being implicated.

The existence of this fracture, like all others, is to be made out by manipulation, by the use of the X-ray, and preferably with the patient under an anesthetic. The amount of displacement varies with the character of the injury, crepitus being made out by grasping the condyle and moving the broken fragment. Flexing the forearm will also frequently give the crepitus. In many of these fractures effusion rapidly follows the injury, often masking the symptoms and rendering the diagnosis difficult and uncertain unless an X-ray examination is obtained.

In diagnosing an elbow injury it is well to suspect and examine, by all the methods at one's command, every injury to the joint where there is effusions or swelling, and it is wise in these injuries to make your diagnosis and your efforts at replacement of the fragment not later than forty-eight hours from the time of the injury. I have seen cases where the attending physician had centred all his attention for two weeks on reducing the swelling, although he was cognizant of the fracture. This is unquestionably an error and will undoubtedly result in a deformity.

In the treatment of this fracture, which is far more difficult than the diagnosing, we have two general methods of procedure—the non-operative and the operative methods.

The non-operative method consists in getting the fragment into normal position, the keeping of it in place and the prevention of deformity and limited movement. The great difficulty in this method of treatment is in getting the fragments into normal position, which frequently is almost an impossibility, and the greater difficulty is the retaining of the fragments in accurate apposition. These difficulties are due, when the

*Read at the meeting of the Hudson County Medical Society, Jersey City, October 4, 1910.

fracture is oblique and runs into the trochlear surface of the humerus, to the action of the triceps muscle, whose common tendon is inserted into the back part of the olecranon process of the ulna, and which pulls the fragment accompanied by the ulna upward and backward; this displacement is also of diagnostic value for it places the olecranon and the internal condyle out of line with the external condyle and also destroys the carrying function of the arm.

The displacement in this form of fracture is best overcome by placing the hand in full supination by flexing the arm to a right angle and, most important of all, when the hand and arm are in said position, by extension of forearm. Having replaced the fragment into normal position by this method, it is retained there by maintaining the elbow joint in a right-angle position by the use of splints. The ideal splint, which fits the arm accurately, can be made of plaster of paris bandages by moulding them to the arm and should extend in this fracture from the level of the axilla in front and back to the middle of the hand. The anterior splint should, of course, be a right-angle one, well padded, and be applied first. In applying, first fasten the upper end to the arm by means of adhesive plaster, then make extension of the elbow and fasten the lower end of the splint to the extended forearm.

The posterior splint is also a right-angle one of trough or cradle shape, well padded, into which the limb is put and bandages applied. A compress may be placed over and above the fragment if the attendant so desires, before adjusting the posterior splint.

The most common error is made by those who, in anticipation of ankylosis and so that the function of the arm shall be least interfered with should it occur, make that possibility a probability by placing the forearm midway between supination and pronation or thumb up position, as it is called, and not as it should be, in full supination.

Where the epicondyle is chipped off the action of the superficial flexors and pronators of the forearm, which get their origin by a common tendon from it, displaces the fragment downward and forward and this is best reduced by placing the arm at right angles, forcing the fragment into position by upward pressure and retaining it by adhesive plaster and a posterior splint.

The prevention of deformity and limited motion is best overcome by accuracy in reduction and the beginning of passive motion at least by the end of the third week, although it is inadvisable to attempt to force passive motion. The safest method is to remove and reapply the splints once a week; at the end of the third week begin passive motion; at the end of the fifth week the splints can usually be removed and the arm be kept in a sling. At this stage massage and passive motion can be carried on daily. The patient should be encouraged to make slight active movements, the range of motion being increased daily until full function of the arm is obtained.

We are informed, through literature on this subject, that the ulna nerve, by its proximity to the internal condyle, is liable to injury in this fracture, but as yet I have to meet with an injury of this sort.

The operative method consists in cutting down and fixing the fragment, and the methods of fixation are many and do not come within the scope of this paper.

The opinion of the profession at large has not been definitely formulated as to the full scope of the technique and the variety of cases to which this mode of treatment should be applied.

Dr. Lane, of England, in the surgical section of the recent meeting of the American Medical Association in Atlantic City, made the statement that if the surgeons could not persuade themselves to his view—the operative treatment of all fractures—the courts would soon drive them to it.

The opinion of most surgeons is not the same as Dr. Lane's. They contend that where an examination under anesthesia and the X-ray show that the broken bones will not stay in very accurate apposition when once reduced, and where deformity means loss of function, the fractured ends should be cut down upon and united by internal fixation.

In looking over this paper previous to my coming to this meeting I was struck with the startling rapidity of the points as advanced, but I attribute this to the five days' notice and the ten minutes' limitation as prescribed by our honorable president.

Electric Treatment of Infantile Paralysis.

A Zimmern and Bordet advocate in the treatment of infantile paralysis after a period of two weeks, the use of some form of electricity to cause contraction of the paralyzed muscles, giving them exercise, and preventing atrophy, and to give the antagonism necessary to the untouched muscles. It also enables the fibers that are in fair condition in the paralyzed muscles to regenerate and hypertrophy, and thus enables them to become once more active. The treatment must be continued for years and must consist of a rather long sitting, in which each muscle is picked out and caused to contract separately.—Journal de Medecine de Paris.

A NEW OPERATION FOR COMPLETE VESICAL HERNIA IN WOMEN.

BY JOSEPH M. RECTOR, M. D.,
JERSEY CITY, N. J.

The most interesting results that I have obtained in my female surgical work at the Jersey City Hospital during the past five years have been the complete relief of urinary symptoms attendant upon more or less complete prolapse of the anterior vaginal wall, accompanied by the dragging down of the urinary bladder.

The cases for the most part have been multiparous women, past the child-bearing period of life, whose confinements have been cared for by midwives. Their age and mode of life are prohibitive of any hopes or aids resting upon hygienic surroundings and idle existence. They are women who either have large families to struggle for or their daily bread to earn.

Nature will not return to their tissues the physiological tone and health now lost and it becomes our duty to aid them by artificial means.

A woman aging 45 to 60 or 65 years is unable to empty her bladder. She has the constant desire to urinate. Between the voiding of the urine there is a constant dribbling. She complains of painful micturition sometimes before, but more often during and after the act. A constant scalding sensation is present at the vulva. The odor of the stale urine permeates the examining room. Headaches, dizziness, backaches, loss of appetite, nervous irritability, restlessness and sleeplessness are the reflex symptoms. All her symptoms are lessened during the night to be aggravated when in the erect posture.

Examination—There is a complete rectocele and more or less procidentia uteri. The vault of the vagina presents itself at the vulva; vaginitis and vulvitis are often present. The cystocele pockets itself behind and beneath the symphysis pubis, forming as it were a diverticulum to the urinary bladder. The patient will tell you that when she inserts her finger into the vagina and pushes the mass upward she is then able to empty her bladder.

Cystoscopic examination shows a chronic trigonitis with the inflammation extending outward and upward involving to some extent a portion of the bladder wall. The urine shows an ammoniacal decomposition. The cases which I have seen did not show any tendency to an ascending inflammatory process.

The woman is put to bed, the vagina douched with an alkaline solution every four hours. The vulva hair, which is usually short, is cut close to the skin. The vulva is thoroughly cleansed and an oleaginous dressing applied. The patient is catheterized, the bladder irrigated, at first, three times daily with a hot boric acid or weak permangenate solution. When the cystitis has subsided sufficiently to tolerate operative measures, she is prepared for operation.

I have long since given up all the operations which are performed through the vagina. The plastic operations which tend to narrow the vaginal vault, thus lifting upward the hernial protrusions, are only transitory in their effects. The vaginal tissues will not hold or support the weight from above with any degree of certainty. Division of the anterior vaginal wall, separation of the floor of the bladder and suturing of anterior uterine surface and denuded bladder floor has not been sufficiently satisfactory to warrant any continued usage.

I have modified some of the operative measures with which you are all doubtless familiar. Operating through the abdominal wall, I first divide the peritoneum on the anterior surface of uterus almost at the fundus, dissecting laterally, right and left, sufficiently far so as not to form a medium ridge with lateral valleys when the denuded bladder floor is brought upward. The floor of the bladder is dissected from its bed, pulled up until the sacculation disappears and sutured to the anterior uterine fundus and wall. Uterine fixation to abdominal wall is done, by three sutures, one posterior to the fundus, one to the fundus, and the third at or near the junction of sutured surfaces. In some cases there has followed, for a few days only, some pain and bladder irritation from its changed position. This has been transitory only and need cause no alarm.

Any repair work necessary to vagina or vulva can be done at the same time. Patients are catheterized 4 to 6 hours and bladder irrigated if necessary. They are kept in bed two to three weeks. The usual care to feeding and bowel action is given.

The clinical symptoms which have been surprisingly constant in cases of ectopic gestation, are a primary cessation of men-

*Read at the meeting of the Hudson County Medical Society, November 1, 1910.

struation. At or about the time for the second menstrual flow, an irregular metrorrhagia begins and continues up to the time of operation. The patient complains of no definite sharp or acute unilateral or bilateral pain; but irregular lancinating pains, right or left, depending upon the side affected; these pains are more or less continuous, and it is because of these pains that aid is asked for. There is no history of previous sterility. There is often a slight elevation of temperature.

General pelvic soreness, discovered when pressure is made from above by tight corsets or waist bands, and upon coughing, straining at stool or standing upon the feet or walking for any unusual length of time. The classical symptoms have been absent. The examination coupled with the above named symptoms, have been my only guide.

452 Jersey Avenue.

THE ETIOLOGY, PATHOLOGY AND TREATMENT OF CONCOMITANT, CONVERGENT SQUINT.*

By LINN EMERSON, M. D.,
ORANGE, N. J.

That concomitant convergent squint is so little understood by the laity is the greatest reproach to the medical profession and indirectly to us, the ophthalmic members of the profession, on account of our failure to teach the general practitioner more in regard to this disfiguring malady.

What is so conducive to tears in a girl, or profanity and blows in a boy, as the derisive appellation of "cock eye"? Since practically all cases can be, at least cosmetically, cured, is it not a reproach to our profession that this is not more universally known?

That the general practitioner has failed to properly instruct the laity regarding this condition is owing to the fact that he has not an intelligent knowledge of the disease himself. The ophthalmologist, while discussing the subject before the various special societies, has failed to bring the matter to the notice of the general practitioner in a manner to enlist his co-operation.

In my practice I see a procession of cases in which the family doctor is said to have advised "leaving the child alone, as he would outgrow it when older;" "not to put glasses on such a small child," assuring the parents that when the child was seven years old, a simple operation would bring about a complete cure, etc., etc., *ad infinitum*.

After seeing a small child with squint at a most favorable age for cure by orthoptic measures, and explaining the obvious advantages of this plan of treatment, what is my chagrin to learn that the family does not care to undertake it, because it is discountenanced by the family physician. Many times he quotes the opinion of some oculist of much greater age and experience, who "does not take much stock in that sort of thing." This condition of affairs is in some measure due to the fact that (as Worth so pertinently states) a single symptom is mistaken for the whole disease.

How many general practitioners are aware of the fact that there is any condition present other than the abnormal convergence of the visual axes? The prime cause, a defect in the fusion faculty and the presence of an error of refraction, are little appreciated. In a large percentage of cases there is also lowered vision of the eye not used for fixation, congenital amblyopia, or amblyopia ex-anopsia. As to whether deficiency of the fusion sense is always the prime cause of concomitant squint, I can only say to the doubters that in a careful observation of some five hundred cases, I have never seen a case in which this faculty was not deficient or absent.

It does not seem to me that Worth does this theory justice, since he does not clearly differentiate the fusion centre and the fusion sense or faculty. Duane, in Posey and Spiller (page 182) specifically refers to a fusion sense, and a fusion centre. As we have a speech and an auditory centre, there is no question in my mind that we have a fusion centre. The presence of this centre is obviously necessary for the development or manifestation of a fusion faculty. But its loss or absence is not the only cause which will produce deterioration or loss of the fusion faculty.

Given congenital, orbital or muscular abnormalities, congenital or acquired amblyopia, anisometropia of high degree, and the fusion faculty may fail to develop, even though a fusion centre may be present. In fact, the rapid development of the fusion faculty, after correction of high degree of refractive error and the inauguration of fusion training, and also its deterioration in some cases after cessation of proper treat-

*Read at the annual meeting of the American Academy of Opthalmology and Oto-Laryngology, held at Cincinnati, September 19-21, 1910.

ment, point to it as a developmental faculty.

Worth arbitrarily divides the fusion faculty into three grades, but in reality there are "57 varieties" of grades, and I emphatically affirm that in all cases of concomitant squint this faculty is in some degree deficient.

Why does the esophoric patient, no matter how great his refractive error, so seldom become an esotrope? Because his fusion sense is so well developed. To my mind it is a misnomer to refer to cases of heterophoria as latent squint. No doubt some cases of heterophoria *are* latent squint, but a majority of them have good fusion sense and will *never* become squinters.

The structural defect, or the refractive error may be the cause of the lack of development of the fusion sense, but the deficiency of the fusion sense is the cause of the squint. A clear understanding of this point would, to my mind, reconcile all the conflicting theories as to the cause of squint.

As to the statement that Worth's theory does not explain divergent strabismus occurring in myopia from the seventh to the twelfth year, after the development of good fusion, I would say that as the fusion sense is a developmental faculty, and capable of marked improvement by training, so it is capable of rapid deterioration, and my own observation has shown that, while these cases have early diplopia, there soon is suppression of one of the images and a rapid deterioration of the fusion faculty.

I desire to repeat that I have never seen a case of squint (other than paretic) in which the fusion faculty was not deficient or absent.

As to treatment, I feel it is our duty to permit no opportunity to escape for driving home to the general medical practitioners the fact that *no* child is too young to begin treatment for convergent squint. To that end I would urge the members of this society to avail themselves of all oportunities to read papers and present cases before local, county and State societies.

Cases seen during the first few months of life should have a weak solution of atropin instilled in the fixing eye two or three times a week, but should be observed at occasional intervals, as I have seen two cases in which the atropin was continued for a long period without advice, and the squint transferred.

The prognosis in these very young children should be guarded, as Posey has pointed out, since in many instances there are congenital or traumatic conditions (from birth injuries) which preclude the acquisition of good vision or the cure of the deviation by methods other than operative. While I have succeeded in a few instances in prescribing glasses under one year of age, I generally wait until the child is 16 or 18 months old, and sometimes am obliged to postpone until even older.

If treatment can be begun before the age of 4, the prognosis in uncomplicated cases is good. I give full correction in the fixing eye and +50 D. S., less in the squinting eye. A 5 per cent. solution is installed in the fixing eye every morning, and the occlusion pad is used from one-half to three hours daily.

As soon as the child is old enough, the amblyoscope is used in the office, and the stereoscope, with Krolls or Wells pictures in the home. I have also found the plastograms of value. Acting on some suggestions from Dr. N. M. Black and myself, Hardy & Co. have made a series of pictures for the amblyoscope which are more interesting to children than the ones sent out with their first pattern. Dr. Black has also devised a most ingenious method of illuminating the slides of the amblyoscope.

As the case improves, it often becomes necessary to put a drop of atropin in the squinting eye at less frequent intervals than in the fixing eye. In these cases and in the alternating cases in which I use atropin in both eyes, I have found that bifocals (+3.00 D. S. pasters) lessened the squint and accelerated the cure.

As to the percentage of cures by this method of treatment, it is not possible to make a fair estimate. After treating several hundred cases in both private and dispensary practice, I should say that about 50 per cent. are not cured because of failure to carry out the treatment. In view of this fact I now advise operation much earlier than formerly in cases where the social condition and intelligence of the family does not seem to promise active co-operation. In private practice, however, patients of good social condition who carry out the treatment with intelligence and perseverance, practically all get well.

Recently I have been much impressed with the value of the combined plan of treatment, in which the operative procedures are performed relatively early and the orthoptic treatment continued. As to the operation selected and the time of its performance, there can be no hard and fast

rules. Age of the patient, the social condition, the amount of vision, the amount of deviation and wishes of the family must all be given consideration.

There can be no doubt that advancement is the safest and wisest procedure, but whether on one or both eyes can only be decided at the time of operation. Double advancement will not correct all cases, and frequently it must be followed by a guarded tenotomy.

I have been doing Landolt's operation, as modified by Wootton, for several years, but I have recently devised an operation, which I shall call the "split tendon" operation, which seems to give me more satisfaction. Its principal advantage is that it can be performed under local anæsthesia, and if, after the operation is completed, sufficient effect is not obtained, as extensive a tenotomy as is necessary can be performed at the same sitting. No scleral sutures are used.

After cocainization, the conjunctiva overlying the insertion of the superior, inferior and external recti is raised and two or three drops of a 2 per cent. cocain or alypin solution is injected at their respective insertions. The conjunctiva is opened by a strong vertical incision at the outer corneoscleral margin. Above and below it is extensively undermined, as in the McReynolds operation for pterygium.

The muscle is freed and taken up on a hook or with the Prince forceps. About two millimeters from its insertion a double threaded silk ligature is passed through the upper half of the tendon from within outward, forming a loop on the under surface of the tendon. A similar ligature is passed through the lower half of the tendon. These two sutures are passed in the manner usual to most advancement operations, with the exception that they are far forward in the tendon and not in the muscle.

The tendon is now dissected from the globe as closely as possible, thus carefully preserving the tendonous ends, which prevents the sutures pulling out, as often happens where the tendon is cut off. The cut end of the tendon is now split longitudinally four or five millimeters and the halves are anchored above and below, underneath the undermined conjunctiva. This is done by passing the two needles on each suture far under the undermined conjunctiva and tying the ends over the narrow bridge of conjunctiva exactly as is done in the McReynolds operation for pterygium.

As the conjunctiva forms little or no anchor for the muscles, one of the muscles is now passed deeply under the tendon of the superior or inferior rectus, after it has been raised in the strong grasp of a fixation forceps. The suture is now drawn tight in the form of a loop around this muscular tendon, and each half of the split tendon closely approximates the tendon of the rectus, to which it is anchored.

As in all muscle operations, the effect of the operation cannot be foretold. This operation, performed under local anæsthesia, possesses the advantage that the immediate effect is the ultimate effect, as there is little probability of the stitches pulling out.

If the effect of one advancement is not sufficient, the second eye may be at once advanced. If after this still more correction is desired, a careful tenotomy of one or both opposing recti may be performed. In one or two instances I have slightly increased the effect of advancement by putting in a scleral suture at the corneo-scleral margin, this suture including the conjunctiva as well as the middle portion of the muscle.

I have performed this operation under local anæsthesia in children as young as five years. I am now aiming to get all the correction desired at one sitting. The after treatment consists of atropin and occlusion of both eyes for one week.

Of various other operations I have little to say. In the hands of operators who are familiar with them they no doubt bring good results. I must, however, confess to a fixed prejudice against Panas' stretching operation. This prejudice is founded on the observance of divergence following it in four or five cases in my own practice and the observance of about a dozen similar cases after operations by brother surgeons.

Early Sign of Pott's Disease.

Angelescu has noticed that caries of the spine generally begins in the anterior segment, and consequently that traction on the anterior longitudinal ligaments is painful in these cases even when there is nothing else to suggest the vertebral process. He has the patient lie on the back and arch the body, resting only on the back of the head and the heels. This position induces pain in the diseased area or the pain is so severe that the patieint is unable to assume this attitude. According to the Deutsche med. Wochenschrift, another Roumanian writer, N. Athanesescu, has recently reported positive findings with this sign and thus early differentiation of the disease before there was any local tenderness on pressure, stiffness of the spine or prominence on the part of any of the vertebræ.

REFRACTING OPTICIANS.*

By James Thorington, M. D.,
Philadelphia, Pa.

As many of my hearers may not fully appreciate who is referred to in the subject under consideration, I feel that it may not be out of place to define who is meant, and I, therefore, quote from a previous article on the subject in the February number of the *Pennsylvania State Journal:*

"A dispensing optician is a maker of optical instruments and lenses; he grinds the lenses according to the oculist's prescription and adjusts them to patients' eyes either in the form of spectacles or eyeglasses.

"A refracting optician is primarily an optician, but with his knowledge of lenses presumes to do the work of the oculist; examines eyes, diagnoses diseases of the eyes and prescribes glasses."

The refracting optician's business is a trade, but for some time he has been, and at present is, most strenuous in his efforts to get himself legislated into a profession to call himself an "optometrist." The two words, "optician" and "optometrist," are absolutely convertible, so that your writer clings to the former and ignores—as all physicians should—the latter.

At the meeting of the Legislative Committee of the American Medical Association, one of the members spoke as follows:

"An oculist is an educated physician who makes a specialty of diseases of the eye, and a refracting optician is one who makes and adjusts glasses for the relief of defective vision, either under the advice of an oculist or otherwise. In practice an optometrist is a hybrid of oculist and optician. The name 'optometrist' is new and has been devoted to the purpose of impressing the public with the idea that those who practice it, are eye doctors or oculists. The best class of opticians—so-called 'dispensing opticians'—confine their work to the legitimate field of fitting glasses, while the optometrists are trying to obtain recognition without proper training."

REFRACTING OPTICIANS VERSUS THE PUBLIC.

Refracting opticians advertise "Eyes examined free." "No drops used." "Eyesight specialist." "Our work combines that of both oculist and optician." "We prescribe for the correction of all defects of vision no matter how complicated or involved."

These and many other advertisements are displayed in public places and circulated in the mails. Just the minute the medical profession raises its voice against this nonprofessional, then the cry goes forth that "the medical profession is jealous" and "oculists want to hog it all." The lower and middle classes of a community—and many of the upper classes, for that matter—do not know until they learn by a sorry experience, who the refracting optician is. Obtaining glasses at an inflated price from a refracting optician, that do not relieve his discomfort, but have only aggravated his eye-strain, he finds that he has spent his hard-earned money and eventually has to go to an oculist or a dispensary, and be properly prescribed for. Having run the gauntlet of the refracting optician's "parlor," this heretofore innocent "fly" wonders that there is not some redress. If a part of the innocent public escapes the snare of the refracting optician, with no greater discomfort and loss of money than just mentioned, it should indeed be happy and thankful for the number of other unfortunates is growing rapidly. These latter victims are those with Bright's disease, spinal disease, rheumatic and gouty conditions of the eyes, glaucoma, etc., awaiting improved vision to be miraculously bestowed upon them by the efforts of the refracting optician, and lose most valuable time before medical aid is obtained; such victims may suffer misery, blindness or death as a consequence of such delay.

Occasionally some one who has had drops used, dreads to lose the time from work which such treatment demands, and so he decides to take a "try" at the "no drops" man, and with sorry results, for his money has been spent and eventually he has to go back to the bridge, which carried him over so successfully before. Another victim is persuaded against his better judgment that he may save a few dollars in the oculist's fee, by getting "just as good" service from the refracting optician; he also comes to grief and says he should have known better, and for the first time in his life commences to think that his eyes are a worthy asset. The sign "Eye-sight specialist" appeals to some innocent folks, and they are made to believe that this wonderful personage is just the person to fix their eyes. They get "fixed" all right. Advertising to prescribe for all

*Read before the Tri-County Medical Society of South Jersey—Gloucester, Salem and Cumberland counties.

defects—"no matter how complicated or involved"—draws victims with beginning cataracts and changes in the eyegrounds, who have been to an oculist and received but little encouragement, as to the ultimate outcome, or to wait until the cataracts are mature. From this very fact you can understand what the refracting optician meant when he said that the reason he did not become a medical man was "I could not then conduct a commercial business according to the ethics of the profession."

Refracting opticians, when they get a license, try to establish an optical "trust" thereby, as is shown by the following communication of the president of the Florida Optometric Association:

"It is one of the greatest blessings to the public and our profession to see that the traveling, so-called optician, is something of the past. The public has learned that he is not what he pretends to be. A man claiming to examine so delicate a member as the eye, without the use of the retinoscope, ophthalmoscope, and some without the use of trial lens! May the laws of each of our States forbid a man disgracing the name of optometry by allowing him to wander around from place to place endangering so many eyes of the public."

OPTOMETRY.

Opticians are striving to have an optometry bill passed in every State in the Union, granting them an examining board of their own membership, whereby they may license members of their trade—for it is a trade and nothing else—and call these licensed members "optometrist" (hybrid oculist-optician). Their efforts in Pennsylvania have failed up to this time, but they will try again at the next session of the Legislature. No matter if these refracting opticians have been successful in their legislative efforts in other States, they must not be permitted to succeed in Pennsylvania or New Jersey, with the rank and file of eminent medical men and medical colleges and learned members of other professions to oppose them. Now that a number of States have optometry laws, what have the refracting opticians gained? In their optometry bill they require a two years' course in a reputable school of optometry. They have tried on three occasions to establish such an institution and they have been failures. They have many correspondence schools and many schools in which refraction is taught from one to eight weeks. What a farce! Here is what a prominent refracting optician says on the subject:

"We are in a predicament and lack something. Why should we insist on a young man, who desires to enter our calling, studying two years in a second rate school, which can neither grant a diploma nor confer a degree that will give him a professional standing? I believe the laws so enacted in the different States have made but little advancement toward the solution of the college problem, nor will they as they now stand upon the statute books of the different States. I believe that the way to reach the college, or the chair in the university, is along purely professional lines. When the eye is being tested for refractive errors, and glasses adjusted to them for the relief of muscle strain and the betterment of vision, what are you dealing with? Are you not dealing with the physical eye? And if you pursue this to the exclusion of any trade, craft or calling, are you not a physician eye specialist? And, to my mind, as such you can approach the faculty of the university, and only as such. How would it look, provided such a thing were possible, to see a diploma with a degree conferred from a university, hung up in a merchandise or a trade shop, and would it be doing justice to professional men who are already graduates of this same university? Now, as I before remarked, to my mind, the only way is through pure professionalism, and to bring this about I would respectfully suggest that all those persons doing a strictly office practice, and those who are willing to do a strictly office practice to the exclusion of any trade or craft, form themselves into a society, or a national association, with the ultimate purpose in view of obtaining recognition from the college or university, and to do this you must necessarily drop all advertisements such as 'Eyes examined free' and advertising 'Three dollar glasses for one dollar,' which the law does not prohibit."

Refracting opticians wish to be called "doctor" and at the same time are fully conscious of the advantages of drops for correct refraction. One of their number is bold enough to write in the April *Keystone Magazine,* on page 352:

"It is unmistakably cowardly for optometrists to admit clauses in the laws submitted to the various Legislatures, wherein it is a misdemeanor for one of their profession to call himself a doctor; and undoubtedly any optometrist who is worthy of the name should be competent to administer a mydriatic when indicated, and moreover he

should know as well as a physician when it is indicated.

"It is a well-known fact that a great many busy oculists have assistants who know less than the poorest optometrist, and who apply a mydriatic in every case where the patient expresses his desire to have glasses, without the patient seeing the oculist; surely, then, the learned optometrist could be trusted to employ a mydriatic after having made a careful diagnosis and found it safe to do so."

OCULISTS VERSUS REFRACTING OPTICIANS.

As far as I know, the medical profession has never made application to the Legislature to have the refracting optician put out of business because he was trying to do a part of the oculist's work. To-day there would be peace between medical men and refracting opticians if it were not for the fact that among other things they seek to be legislated from a trade to a profession, and seek to impress upon the innocent public that they are "eye-sight specialists." In this false position they claim the medical ability to diagnose disease of the eye and body. One of these youthful aspirants informed a customer that some day the Pennsylvania Legislature would make him an "eye doctor," and then he would examine her eyes just as well as any (other) oculist could. What a miraculous power in the act of a legislature!! When the optometry bill was before the House Committee of the New Jersey Legislature at Trenton this last March, your speaker was present and took part in the meeting, which was most interesting, as one of the refracting opticians explained how he made his diagnosis. When he looked into the eye with the ophthalmoscope and found that things did not "look natural like," he then turned to Haab's Atlas until he found a picture which resembled the eye under observation, and then he had his diagnosis at once before him.

Incidentally it is of interest to state that the optometry bill before the New Jersey Legislature was defeated by a majority vote in the Senate. In Maryland it was vetoed by the Governor. In this connection it is pleasant to be able to state that the optometry bill in New Jersey was personally opposed by Dr. Kipp, an ex-president of the American Ophthalmological Society, assisted by Drs. Wilson, Emerson, Baldwin, your speaker and others. In Maryland, the optometry bill had no less an opponent than the distinguished president of the American Ophthalmological Society, Dr. Theobald, assisted by Drs. Wood, Harlan, Reik and others.

It is sincerely to be hoped that many noted ophthalmologists of Pennsylvania will follow the example of such worthy leaders and use their efforts against optometry at our next legislative gathering, as several did two years ago. To your speaker this subject of a medical protest against optomery legislation is a step in the right direction to uphold the dignity of the profession and let the public see that we do not countenance such legislation. It is not a question of whether the refracting opticians are successful in their legislative efforts; the question is, whether we as members of an honored profession stand loyal to our high calling and enter our protest against their efforts to become "pseudo-oculists." It is not a question of whether we will be successful in our efforts to defeat the refracting opticians—the question is, did we make the protest? Did we try? Did we exert every effort, or were we perfunctory? May it at least be said of the oculists of New Jersey and Pennsylvania, they did their full duty, did all in their power to prevent the legal licensure into a branch of medicine of those unqualified for the work and unworthy of the dignity which they sought.

Many of us are fully conscious that there are some oculists and other medical practitioners who are not doing their full duty in the profession, from the fact that they do not oppose as they should the efforts of the non-professionals, and especially in this instance of the "refracting opticians." Some members of the profession are lukewarm naturally, some have acquired lukewarmness because they think "drops" are not necessary to obtain correct refraction, and also some have lukewarmness thrust upon them because they are working in conjunction with refracting opticians or own stock in optical houses, or have relatives in the business, while some others are guilty of receiving a commission for their prescriptions. I might mention here in passing that after our last conference at Harrisburg, a certain refracting optician made it his business to go from one optical firm to another to find out if any optical firm had ever paid a commission to any oculist in Philadelphia or elsewhere. Just how successful his efforts were I am unable to say, but this same optician advertises that four hundred and eighty-five physicians send him their patients. And it is generally known that opticians of uncertain standing have gone into oculists' offices and

offered a certain commission for all prescriptions.

In my day and time I have met many refracting opticians, and as a rule have found them very courteous. Several have selected me as their oculist, and at the same time sent me their relatives "to be properly refracted," as they said, "with the use of drops." They have always paid their bills promptly. Refracting opticians are business men and deal in business methods. They have optical societies, literary gatherings and banquets. They subscribe freely of their money for the advancement of their cause. One refracting optician from a neighboring State, when discussing the work of the oculist as compared with the refracting optician, said to me: "You oculists with your drops have the refracting opticians beaten to a frazzle." (A la Roosevelt.) It is a well-known fact that refraction work represents the major portion of the oculist's practice, but the refracting optician insists at every opportunity that the oculist's business, according to the dictionary definition of the word "oculist," is one who treats diseases of the eye.

Reviewing these facts, it seems to your speaker that it is high time that the medical student should be required to go into the out-patient eye department and do refraction work and perfect himself in this important branch of ophthalmology, so that he can go before any State Medical Examining Board and pass a successful examination on refraction, and later on do good refraction work in the town or village in which he may choose to locate, or do such work in the army or navy if he selects that as his future field. I know in advance that this idea will not appeal to all advanced ophthalmologists or all professors of ophthalmology in our medical colleges, and yet, after due consideration, it will be found as the only real and true solution to the propaganda of optometry. The new graduate in medicine should know refraction as well as he is expected to know his materia medica. Refraction is a medicine of the most scientific and exact kind.

The most common cause of headache is acknowledged to be caused by eye-strain and eye-strain is a disease, and for the relief of this headache the medical student is told the remedy but usually it has not been obligatory for him to learn it. However, I am proud to note that some State Medical Examining Boards are making the passage of a successful examination on simple refraction a requisite for State license. Already Michigan, Vermont, Utah and Nebraska are on this list; now let New Jersey and Pennsylvania soon subscribe.

Let us stop and think what it means to the medical profession to have its members know and practice refraction. To begin with, the knowledge of refraction when once obtained would save the family doctor from sending his patients to a refracting optician; his knowledge of refraction would teach him to either do the work himself, or refer the patient to a colleague in his or a neighboring town. Professional jealousy should not exist to the extent that he would refer his patient to a refracting optician. The pecuniary gain to the family physician who does his own refracting work is no small item in his income and he will appreciate this if the matter is once explained to him in detail. The cost of an ophthalmoscope, retinoscope and case of trial lenses need not exceed sixty dollars at the most. With this outlay any family physician starting in practice, in almost any community, can more than pay for the equipment in a few weeks. In this way by treating his patients, the doctor can hold together his family practice, and his patients and families will hold to him. In a short time the community will appreciate the difference between having their eyes examined by a doctor as compared to a man or woman who is not a doctor, and who knows absolutely nothing about the relationship of eyes to the general health. To-day family physicians who do not know refraction work, or are too busy to do it, and have no nearby medical friend who does such work, must necessarily allow patients to drift into the care of the refracting optician with the result that the layman develops the bank account, buys the auto and summers in Europe, whereas the family doctor treads the weary way. This is no idle fairy tale, but an actual every-day fact. In my experience as a teacher of refraction for fourteen years in the Philadelphia Polyclinic, I found at least seventy-five per cent. of the students were learning refraction so as to be able to go back to their towns and regain what was really their own practice and which had gone to refracting opticians, and the latter were actually getting rich. These students had their eyes opened to the consequences of professional neglect of refraction work. They also drew my attention to another important fact—that refracting opticians were universally in sympathy with osteopaths, because neither of them were allowed by law to use drugs.

The consequence of this state of affairs means that refracting opticians, instead of referring customers to the family doctor who had previously prescribed medicines for headaches, etc., sent the same patients to the osteopath, and thus osteopathy received encouragement. From this it is plain to be seen that the family doctor not only loses cases of refraction by his want of knowledge of optics, but also loses the patients, and thus his family practice is more or less disintegrated.

OCULISTS VERSUS THE OPTOMETRY BILL.

More than one oculist in Philadelphia and other cities has told me that it was useless and a waste of time, energy and money, to oppose the optometry bill, as the refracting optician would win out anyhow. To this statement I have always answered that medical opposition showed to the public that oculists were doctors, and even if the opticians did win at legislation in opposition to the medical profession, the knowing public would learn who an ophthalmologist was and never take refracting opticians seriously. But if the medical profession did not oppose the opticians then the public would have reason to think that the profession either favored the bill or recognized it as just. Other oculists said that opposition to the optometry bill means its advertisement. To these I replied that opposition to optometry by oculists opens the mind of the laity to the real value of an oculist as compared to an optician. Put it any way you will, the oculist always shows to great advantage when you begin to make comparisons with an optician and the oculist has absolutely nothing to be ashamed of.

It is a question in my mind whether the established oculist will be affected as regards his practice if the refracting opticians win at optometry legislation or not. But to the young oculist and the oculist of the future it will be a serious question if the tide does not turn, so that refracting opticians will be defeated by a general working knowledge of refraction on the part of the family physician, since he starts his refraction work with an intimate medical knowledge which puts him on a pinnacle far above the refracting optician, and after a very little practice he will do better work than the average refracting optician.

Dr. Connor, in considering the economic question of the family doctor doing refraction work, estimates as follows: Considering that there are 135,000 doctors in the United States, and 100,000 of these are family doctors, the other 35,000 being specialists and general physicians in cities, if these 100,000 did refracting work and each refracted ten patients in a year, and each patient netted five dollars, this alone, at this low estimate, would yield to the family doctors $5,000,000, and if we wanted to double or treble or quadruple this, which would be much more nearly correct, according to my calculations, then there would be $20,000,000 going into the pockets of the family doctors, which now flows in a continuous golden stream into the coffers of the refracting opticians. No wonder the refracting opticians want optometry. No wonder he is willing to organize and to pay part of his income to increase his business. He is a business man and is doing business like any other man of affairs.

I regret to say that there are some oculists who expect the refracting optician to gain his optometry bill, and therefore hoping to hold him under medical supervision, are willing to compromise, and they approve the idea of having State Medical Examining Boards appoint a committee composed of oculists and refracting opticians to examine applicants for a license to become so-called "optometrists." The medical profession should not be a party to any such legislation. These refracting opticians should not receive the least particle of medical recognition. If any State wishes to, and will, in spite of medical opposition, license refracting opticians, then it is a legislative error and not medical. There is an old saying that "a man is judged by the company he keeps." Then the medical profession may be judged as approving—if it "hobnobs" with refracting opticians, and is willing to join forces with them and ask to have its State Medical Examining Board examine opticians. That would be countenancing and recognizing these pseudo-medicals. It is utterly impossible to mix oil and water and you cannot blend trades and professions. All the legislators in the world will not make oculists out of refracting opticians. However, the opticians advertise to-day, "Twenty-four States recognize optometry equally with medicine." What does the medical profession think of that? If refracting opticians get legislated as pseudo-doctors it does not mean that the public will take them to heart. But if oculists train with them and ask the Governor to appoint oculists on the examining boards with these trades people, then the medical profession would be giving encouragement to a trade and recognizing its medical

qualifications. If the Legislature can see its way to legislate refracting opticians into a so-called profession, then why should not undertakers come forward and ask for similar legislation to make them pseudo-doctors of embalming? Why not the truss-maker also and the manicurist and chiropodist?

To your speaker who has spent much time in reading up on this subject in the optical journals, and by corresponding with oculists throughout the Union, this action on the part of State Medical Examining Boards to license laymen to do refraction work is the height of folly, as such action is a medical recognition to men who are not trained in medicine—it is a direct medical compromise. It is direct treason to the medical profession for any State Medical Examining Board to so act. Such action on the part of the medical profession is a direct play into the hands of opticians and they are only too happy to be thus given the glad hand of welcome. It is just what refracting opticians are praying for. Let the medical profession be a unit and have for its motto the words of our worthy champion, Dr. Bossidy, of Boston, Mass.: "No compromise and no recognition." If the opticians win then they stand alone only to fall. They will not have the medical profession to hold them up, as they certainly would, and the public might so accept the fact if refracting opticians obtained a license through and with the approval of the State Medical Examining Board.

Clinical Reports.

CHILDREN'S DEPARTMENT OF ST. ELIZABETH HOSPITAL, ELIZABETH, N. J.

Results from Finkelstein's Casein Milk in Twelve Children with Chronic Gastroenteritis and Marasmus.

By ARTHUR STERN, M. D., Chief of the Department.

About a year ago Heinrich Finkelstein and Ludwig F. Meyer, of Berlin, reported a new successful milk mixture in the treatment of children suffering from the chronic forms of gastroenteritis in summer time and recommended it especially for those forms which they called "Infantile Decomposition," familiar to all physicians under the popular name of infantile marasmus.

Knowing how hard it is to feed these children properly and how little success we have with our different milk mixtures, I tried this new method lately in the children's department of St. Elizabeth Hospital on twelve cases and I must state, impartially, that the results went far above my expectations.

This milk, so Finkelstein states, may be given, even if diarrhœa and vomiting are present, and is able to bring these cases to a perfect cure.

The mixture, contrary to our former ideas, contains an over amount of casein (our nurses call it casein milk), a diminished amount of milk sugar and milk serum and about two and a half per cent. of fat.

We had quite some trouble in the beginning in preparing this mixture and it took us some time before we produced the uniform product which the children, without exception, liked very much.

Finkelstein takes the casein from a quart of milk, adds this to a pint of buttermilk and adds to this a pint of water. The new milk mixture, therefore, in one quart contains serum and sugar from a pint of milk, the salts from a pint of milk, casein from three pints of milk and about two and a half per cent. of fat. In getting the casein from a quart of milk, the sister in charge of our milk-kitchen used first four teaspoonfuls of Fairchild's essence of pepsin, but we soon found that this gave us too thick a curd and we diminished the amount of pepsin to a stage where the curds became fine. These curds have to be stirred into the buttermilk and the water added. The taste of the mixture is very agreeable and resembles that of cream cheese.

On account of its consistency the feeding could not take place from the bottle, so we fed the children with a spoon. Finkelstein advises to start with this milk in small doses immediately, even if vomiting and diarrhœa are present, in doses of eight ounces per day. After about three days the diarrhœic movements disappear and change into a soapy movement; as soon as this takes place the amount should be increased to two hundred grammes pro kilo child.

The weight of the child first decreases, then is stationary, but the general appearance of the child becomes better. If this takes place one may add from one to five per cent. milk sugar and after from two to six weeks can return to the milk formula appropriate to the child's age.

Apparently Finkelstein does not consider this mixture a permanent food, but rather a remedy for the chronic catarrhal inflammation of the bowel. The paradox of this food is, first, the increased proteid and,

econd, the tolerance of fat in this mixture, nd Finkelstein says that it can be explained only by the correlation of the different food units toward each other; with other words, for instance, fat might be digested easier in larger quantities if the amount of proteid is higher.

Chapin recently published a series of cases treated with this method in the *Journal of the American Medical Association*, but his results have not been as encouraging as ours.

CASES.

Case I. Mary Cost, four and a half months old, admitted September 3d, discharged October 13th. Very much emaciated child with four green bowel movements daily and vomiting, cold extremities. Was started on 4 ounces of casein milk the first day. Weight stationary first weeks. Casein milk later on increased to 6 ounces every three hours, later on Holt's milk mixture according to age.

Weight—September 29th, 8 lbs. 10 oz.; October 1st, 8 lbs. 12 oz.; October 5th, 9 lbs. 4 oz.; October 7th, 9 lbs. 4 oz.; October 13th, 9 lbs. 6 oz.

Case II. Lilian Pietchel, 7 months old. Admitted September 16th, discharged October 20th. On admission she was marasmic and collapsed. Bowel movements had foul odor. First casein milk, later Holt's milk mixture according to age.

Weight—September 29th, 8 lbs. 8 oz.; October 1st, 8 lbs. 9 oz.; October 3d, 8 lbs. 12 oz.; October 6th, 9 lbs. 2 oz.; October 11th, 9 lbs. 4 oz.; October 15th, 9 lbs. 8 oz.

Case III. Margaret Winters, 6 months old. Admitted September 28th, discharged October 12. On admission she had three or four green bowel movements daily and vomited. This child, although started on the small amount of two ounces of casein milk a day, vomited for two days, but on the third retained nourishment and stools became yellow. Later on Holt's mixture according to age.

Weight—October 5th, 9 lbs. 14 oz.; October 7th, 9 lbs. 14 oz.; October 10th, 10 lbs.

Case IV. Catherine Motley, 8 months old. Admitted October 11th, still in hospital at the writing of this paper. On admission she had pronounced marasmus and cold extremities, an almost hopeless case.

Weight—October 11th, 10 lbs. 3 oz.; October 28th, 11 lbs. 1 oz.

Case V. George Lutz, 3 months old. Admitted October 13th, discharged October 23d. Vomiting and diarrhœa with 10 green bowel movements of foul odor daily. When put on casein milk, immediately improved, so much that his mother took him home October 23d.

Case VI. Mary Fuchs. Admitted October 18th, discharged November 1st. When admitted she was a very much emaciated child, with four to six bowel movements daily.

Weight—October 18th, 6 lbs. 14 oz.; October 28th, 7 lbs. 1 oz.

Case VII. Esther Cassidy, 3 months old. Admitted October 12th, still in hospital. Marasmic-looking child with eight to ten bowel movements daily.

Weight—October 12th, 7 lbs. 7 oz.; October 28th, 8 lbs.

Case VIII. Fred Loelof. Admitted October 4th, discharged October 11. On admission he had dark green stools which became yellow after three days; mother took him home October 11th.

Case IX. Julia Bala, 9 months old. Admitted October 2d, with vomiting and green foul smelling bowel movements. Discharged next day at request of mother.

Case X. Charles Arlonsky, 4 months old. Admitted September 28th, in dying condition. This case was remarkable, as the pulse was hardly perceptible, the extremities were ice cold, the child was restless and had his eyes half open during sleep. He received continuous rectal salines the first days and casein milk immediately.

Weight—October 1st, 10 lbs. 12 oz.; when discharged, 11 lbs. 10 oz.

Case XI. Jacob Zikofsky, 3 months old. Admitted August 31st, before casein milk was tried. Extreme emaciation, with cold extremities and the face of an old man. Received buttermilk soup first and did not improve. Improved under casein milk from September 19th to October 7th, but lost ground as soon as we put him on milk mixture and died October 22d.

Case XII. Wilhelmina Eilbacher, 7 months old. Admitted October 27th. Had been sick for five days with vomiting and bad smelling bowel movements. When admitted had temperature of 105, received casein milk and continuous saline injection into rectum. October 28th, strabismus and stiffness of neck. She died October 29th, probably from a complicating meningitis.

Chronic ulcers of the face situated in the area between lines drawn from the outer end of the eyebrow and the upper border of the ear above, and the angle of the mouth and the lobe of the ear below, are usually epitheliomata of the basal-celled variety and they are comparatively non-malignant.—Amer. Jour. of Surgery.

Case of Pernicious Anemia in Pregnancy.

Drs. Audebert and Dalous in Ann. de Gyn. and Obstet., August, 1910, report a case of severe anemia, relieved by the birth of a dead child. The patient was in her third pregnancy. She was so weak as to be incapable of any effort. Anorexia, epigastric burning and vomiting prevented her taking nourishment. She had tachycardia and albuminuria. The blood showed diminution of red cells, slight leukocytosis, myeloblasts, low color-index, rapid coagulation, and hematoblasts. The fetus was expelled dead at term. The patient seemed to be relieved from some poison or bad influence, and at once began to feel better. In two weeks she left the hospital to go home.

Double Central Blindness.

Dr. L. Buchanan, in the October Glasgow Medical Journal, gives this case, which is interesting because of the fact that, as a result of a fall on the street and striking the back of his head on the causeway stones, the man lost the power of central vision of both eyes while peripheral vision remained but little altered. Vision of each eye was very markedly reduced, being only 3/60 in the right eye and 1/60 in the left. Perimetric examination revealed the fact that there was but little contraction of the peripheral parts, but that there was a distinct central scotoma, of small size only, in each eye.

Optic Nerve Changes with Cranial Malformation

Dr. Alfred Gordon, at the meeting of the College of Physicians of Philadelphia, October 24, in a paper on the above subject presented this case:

A boy 8 years old, with a dome-shaped head, a high-arched palate, a narrow visual field, chorioretinitis, and convulsions. On X-ray examination the convolutions of the brain were remarkably clear and distinct, and the skull-bones could be seen to be unusually thin. The conditions were thought to be due to changes in meninges and cerebrum, as well of nerves passing through cranial orifices in consequence of the bony malformation.

Abscess of the Epiglottis.

Reported by J. A. M. Hemmeon, M. D., Seattle, Wash., in Northwest Medicine, August, 1910.

On Feb. 11, 1910, G. T., male, age 40, came to my office complaining of a slight sore throat. This he localized somewhat towards the left side, attributing it to an ulcerated tooth which had been treated by a dentist and from which pus had been evacuated. (?) Patient thought that pus had infected his tonsil. The soreness was not great and there was no appreciable difficulty in swallowing. Patient was of nervous temperament. Upon examination with laryngeal mirror a globular tumor was seen occupying the left side of the rim of the epiglottis in size about equal to that of a small ripe olive. This could later be seen in direct examination, using Frankle's tongue depressor, which pulls the epiglottis upward while it drags the tongue forward. A diagnosis of cyst, or abscess of the epiglottis being made, 10% cocain was applied and a vertical incision made. About one drachm of pus was evacuated. Recovery was uneventful, patient leaving town on the second day.

Abscess of the epiglottis is of rare occurrence and especially one of primary infection, as this seems to have been. Cysts are more frequently seen. The text books have little to say of either condition. One would have looked for more pain and difficulty in swallowing than were seen in this case.

Anemia Treated Hypodermically.

Cases reported by Dr. G. K. Dickinson, of Jersey City, in the Medical Record, September 3, 1910.

Mr. J., age in the fifties, referred by Dr. W. L. Pyle, entered the hospital early in September, 1909; railroad man by occupation; past habits good. History of anemic attacks without apparent cause; debility, gastric and enteric disturbances, partial recuperation each time by medication per os. Last recurrence the worst of all; mucosas and subungual places very pale; hemoglobin 20 per cent.; red blood corpuscles about 3,500,000, all in a condition of poikilocytosis. A diagnosis of pernicious anemia was made. Four grains of citrate of iron were thrown into the muscles of the shoulder, back or thighs daily. There was some reaction as evinced by pain, tenderness, and an occasional serous accumulation (cystic). Meantime, the tissues, being washed by a better blood, took on a stronger tone. His dyspnea ceased and strength came back so that he could walk all around the hospital, and at the end of six weeks his hemoglobin rose to 75 per cent., his blood count became normal and showed no distortion of cells. The duodenum resumed its normal function of iron absorption, and a physiological balance of iron metabolism has been maintained.

Mrs. M., age in the thirties, had been bleeding from an esophogeal anigoma for seven years. These hemorrhagic attacks at the start would come every third month, lasting about a week, bringing down her blood content and tension to a point of faintness and dyspnea. As nothing controlled this peculiar cyclic condition, hemorrhages instead of being periodic and excessive, gradually ran together, blood being wiped from the mouth almost daily. Her heart became dilated, venous impulse ran up her jugulars, ankles became edematous, and she had all the other conditions incident to chronic anemia. Iron in any form or dilution did not activate her blood-forming organs. It would instead incite vomiting. Some peculiar tenacity of life kept her going. Good clinicians uniformly predicted death within three months. On September 1, 1909, the hypodermic use of iron was instituted, four grains daily being injected into the muscles. The first effect was an angioneurotic edema of the extremity used. After a week injections ceased to produce that reaction. Hemoglobin percentage, which was down to 12, immediately rose so that by the end of the sixth week it was 80. Her vessels became filled with a better quality of blood, and apparently there was an increase in quantity. Hemorrhages still continue, but come at their regular period of three months. Recuperation is prompt and effective. She has no dyspnea, heart has contracted, she does not suffer from indigestion, can walk long distances, and has resumed her position with family and society.

Case of Rheumatic Arthritis followed by Streptococcus Invasion.

Dr. G. R. Strong, in the A. M. A. Journal, August 27, 1910, reports the case of a girl 21 years of age, who gave a history of an attack of tonsilitis and other symptoms which indicated that she was suffering from an attack of acute rheumatism, but against this was set a history of pain in the soles of the feet and lumbar fascia, the absence of cardiac signs and a characteristic appearance of the left wrist, which suggested gonococcic arthritis. Examination of fluid aspirated from the wrist and of a swab from the vagina failed to show the presence of the gonococci. During the course of her illness the reaction to the salicylates left no doubt but that the case was one of acute rheumatism. Seventeen days after her admission to the hospital her temperature suddenly rose to 104 degrees and she complained of sore throat, and a faint erythematous rash appeared on her chest and abdomen. Scarlet fever was suspected. A swab taken from her throat yielded streptococci and staphylococci. The urine was found to contain casts and much free blood and leucocytes. She now has a systolic murmur at the apex. Her condition immediately became grave and she died four days after the onset of these symptoms. The appearance at the autopsy were those of an intense septicemia and pneumonia. Death had occurred from toxemia. The pus from the pleura contained many streptococci. Sections of the lungs showed appearance of intense inflammation but not just that of pneumonia. The kidneys were enlarged, engorged and bled on section. The points of interest in this case are: In the first place, was the illness of which the patient died a streptococcic infection or a very severe attack of scarlet fever? A streptococcus being frequently found in association with this disease is believed by some to be the actual cause of it. Where is the line to be drawn between scarlatina and streptococcic septicemia?, Secondly, was the fatal illness a new infection or merely a relapse in the course of the disease from which the patient was suffering when admitted? The writer was inclined to the former view. Another point of interest was the pneumonia which was evidently only a part of the general infection.

Diverticulum of the Esophagus Cured by Operation.

Dr. Edward W. Peterson, at the October meeting of the New York Academy of Medicine, presented a man, 48 years old, a Russian. His family history was negative. His trouble began eleven years ago when he had slight dysphagia and regurgitation of food. His trouble in swallowing became worse and, about five years ago, he was admitted to the Massachusetts General Hospital, where a diagnosis of stricture of the esophagus was made and a gastrostomy proposed but refused. Last July he found difficulty even in swallowing water, and he applied for admission to the Post-Graduate Hospital. A fullness was found in the upper end of the sternum and he regurgitated food that had been taken several days before. He regurgitated more during the night than during the day. When the esophagus was examined with a bougie an obstruction was found about nine inches from the incisor teeth. After giving the patient bismuth and apple sauce he was fluroscoped. A pouch was found which contained about four ounces; when the patient regurgitated, less difficulty was found in getting some of the fluid into the stomach. An operation was proposed and performed. The patient was out of bed on the second day following, and left the hospital on the eleventh day. Before operation he weighed 147 pounds; on the day out of bed he weighed 139 pounds; he now weighed 173 pounds.

Dr. De Witt Stetten said that in May, 1909, he operated upon a similar case and had presented the patient before the Section one year ago. The diverticulum was exposed and removed and the patient was in perfect health today, free of all bad symptoms. When he first published this case he said he advocated doing a preliminary gastrostomy as being a safe method of attacking these sacs; but since he learned of Dr. Peterson's case, and had read of Dr. Charles Mayo's cases, he was not now so keen about gastrostomy.

Anuria five full days in a Child three years old: Recovery.

Dr. William P. Northrup, of New York City, reported this case at the annual meeting of the Association of American Physicians, in Washington, D. C., May 1910:

The child had suffered from scarlet fever with severe angina. For three or four days following the injection of Mulford's whole serum he had had a striking urticarial rash. At the end of twelve days there ensued a period of five days during which time the boy passed only a few drops of urine. He had no symptoms of uremia and was waterlogged. At the end of five days he began to pass urine in spurts of one drachm; the following days he passed 300 c.c., 600 c.c., 1,000 c.c., 1,750 c.c., and 2,100 c.c. He was now perfectly well. This case was rare but not unique. The probable cause of the anuria was toxic inhibition; it was probably not due to the antitoxic serum. Inflammation of the kidneys was not severe. Dr. Northrup said that the question as to whether there was any relation between the excessive urticarial skin rash, presumably an antitoxin serum rash, and the swelling of the kidney was purely conjectural. He asked whether a surgeon would at the present time suggest splitting the kidney capsule, and whether one would always wait five days in a similar case.

Dr. Milton H. Fussell, of Philadelphia, reported a case of anuria which extended over a period of four days. There was no anasarca. The child died later of miliary tuberculosis. Sections of the kidneys were examined, but nothing was found to account for the anuria. Dr. William S. Thayer, of Baltimore, reported the case of a child who was absolutely waterlogged for a period of at least two months and yet there was not any abnormal sign in the urinary examination except a reduction in the quantity of the urine. He died three or four years after this attack of some other condition. Dr. Frederick C. Shattuck, of Boston, asked if a reversal of the condition described by Dr. Northrup had ever been observed by him. He recalled one case in which, after the subsidence of the scarlet fever, the child had a tremendous polyuria. Nothing abnormal was found in the urine, and there was no dropsy or anything which pointed toward any nephritic

trouble. Dr. R. D. Rudolph, of Toronto, asked Dr. Northrup if the symptoms of nephritis appeared before the administration of the antitoxin.

Dr. Northrup replied in the negative. He was unable to answer Dr. Shattuck's question. In the cases that had been reported in the literature, there were a great number of weak places. In some it was reported that the patients were given tub baths daily and this admitted of a loophole even though the patients were carefully observed. Dr. Francis F. Kinnicutt, of New York, asked if the urticaria was very severe. Dr. Northrup replied that the urticaria was very severe. Dr. Kinnicutt said that urticaria as a possible cause of the anuria appealed to him. In angioneurotic edema the mucous membrane became swollen; therefore, as an etiological factor this suggested itself to him.—Medical Record Report.

Case of Spontaneous Pararenal Hemorrhage.

Dr. P. Pick, of Vienna, in the Medizinische Klinik, reports this case:

The patient, a woman of 53, gave a history of cholelithiasis eight years before she came under observation. Four days before admission there was a sudden attack of severe pain in the right half of the abdomen, which continued. She did not vomit. On physical examination, there was an enlarged tender liver, slight icterus, no fever. The patient was very obese, yet below the liver a tender mass could be indistinctly felt. At operation the gall-bladder was normal. A large retroperitoneal hematoma was visible. The abdominal wound was sutured and a lumbar incision made. When the fatty renal capsule was incised, a large quantity of fluid blood escaped. After this had been sponged away the kidney itself seemed everywhere normal. No defect in the fibrous renal capsule could be seen.

The etiology of this condition is as yet unknown. The treatment should unquestionably be surgical, even though the drainage of these hematomata will usually lead to infection of the cavity.

Dermatoses Coexisting with Syphilis.

The following cases are taken from a paper read by Dr. Joseph Grindon, of St. Louis, at the annual meeting of the Missouri State Medical Association, May, 1910, and published in the Missouri State Medical Journal, October, 1910:

Diagnosis: Psoriasis and syphilis.

White, male, aged 23. Presented himself January, 1901. Blonde, looks strong and healthy. General health always good; never in bed for more than three days at a time; hair abundant; little or no dandruff; nails strong and well formed.

The forehead, sides of face and neck present numerous light-brownish macules giving a mottled appearance. Chest, trunk and arms present two classes of lesions: First, pink or light red macules, or very flat papules, one-third to one-half cm. in diameter, thickly spread. A space of average appearance on the trunk, 5 cm. square, enclosed forty such lesions; second, larger, older lesions of which twenty were counted on the trunk. These are from two-thirds to 1 cm. in their longest diameter, appreciably raised, infiltrated, dark-red, slightly scaly. The newer lesions are perfectly smooth. There is some itching when the clothing is removed at bedtime.

The lower half of the body presents a similar appearance, except that the lesions are somewhat more numerous on the hips. No lesions show pigmentation except those on the face.

There is some swelling of post-cervical, lateral cervical, post-auricular, axillary and inguinal lymph nodes. Just behind the corona is a cartilaginous induration, at the site of an abrasion noticed late in November, soon after which there was swelling of inguinal lymphatics. About December 17 patient began to experience headache, fever and general lassitude. There now is a tender spot over each parietal eminence.

Early History—Patient s mother tells him that the cutaneous lesions first appeared at the age of 5 years. Since then they have appeared each year about November 1, disappearing in May, except during 1897 and 1898, when patient was living in Kansas and suffered from dyspepsia, when his skin remained clear. The first lesions generally appear on the flanks and near the elbows. At these times the lymphatic nodes are usually swollen and tender, and there is a sense of heat at the surface to which the patient refers as "fever," but does not recall any accompanying thirst or headache.

Under a mercurial course the newer lesions faded within a month, the older persisting some weeks longer. There were no symptoms of any sort throughout the summer, but in the following November there appeared some red, scaly, dry, sharply outlined drop-sized lesions; slightly pruritis, on the back and near the knees and elbows. These lessened under the use of arsenic, but occasionally recurred until the following spring, when they remained absent for the next six months. The patient remained under observation and treatment for three years, continuing to show slight occasional recurrences of the scaly spots during cold weather.

Diagnosis: Seborrheic eczema, syphilitis and dermatitis herpetiformis (?):

White male, aged 50. General health good. Has had frequent skin lesions from early infancy, similar to same he now has. Patient markedly seborrheic. The entire back is dotted with minute red dots about the mouths of the follicles, so close set as to make the surface look pink at a little distance. This is evidently a dry seborrheic eczema. A few larger, flat, dry lesions on the back are of the same sort, as are two more on the scalp, which is partly bald at the apex.

Twelve years ago patient contracted syphilis. Was treated continuously for eighteen months and then remained under observation with occasional treatment, filling out three years in all. He was then discharged "cured."

Nine months ago lesions of another character began to appear. None of these has disappeared (July, 1908), but the older ones have changed in appearance. These lesions are very itchy, and consist of groups of pin-head vesicles changing to pustules on the trunks, arms, buttocks and glans penis. None below the buttocks. On the left buttock a new and typically herpetiform patch has just appeared. Patient had commenced taking "arsenauro" soon after the appearance of the lesions just described, but thinks it makes him worse. Prescribed a sulphur paste and stopped use of internal medicine.

July 26—Lesions smaller. Itch less. Patient eats largely of meat and eggs three times daily. Urine contains much indican. Reduced amount of proteid.

August 16—Patient has had no meat nor eggs for three weeks, but there is still some indicanuria. Lesions are all fading except a patch of miliary papules and vesicles at the back of the neck which has increased in size, and some new miliary satellite lesions about the old fading patches. These are very pruritic. Lesions on glans persist.

September 4—The patches at the nucha and glans are unchanged, but the others have wholly or partly disappeared, leaving a brown stain. New, large lenticular or nodose lesions have, however, formed about them. Many of the miliary lesions visible at patient's last visit have now disappeared. No indicanuria. Prescribed KI, 10 drops three times daily, increasing a drop daily. Under this treatment remaining lesions disappeared.

Tetanus in a Septuagenarian: Recovery.

Dr. E. Barnes, in the British Medical Journal, reports the case of a man, 75 years old, who developed tetanus following an injury to his forefinger. The tetanus was very severe; only a few drops of fluid nourishment were got down his throat at a time. Rectal feeding was resorted to. During his attack he developed a severe bronchopneumonia with edema of the leg. These complications gradually subsided and about two months after the accident he was feeling well, except for slight stiffness and cramps in one leg and both arms. Medication consisted of 50 cubic centimeters of Pasteur's dried serum at first, followed by 20 cubic centimeters of the same daily for a week, then by 20 cubic centimeters daily of Allen and Hanbury's serum for nine days, injected under the abdominal skin. Chloral was given in 20-grain doses thrice daily. He also received as much precipitated sulphur, in treacle, as could be got down; he took half a pound in all. Very moderate purgation resulted. The recovery seemed remarkable, considering the patient's age, the severity of the disease, and the complications. He was inclined to give some credit to the sulphur.

Chronic Progressive Bulbar Paralysis.

This case is reported by Dr. Robert H. Good, of Chicago, in the Illinois Medical Journal.

Mrs. R. M. G., from Arizona, widow, aged 50 years, came to my office, November 10, 1909, with the following history: During August, 1909, she began to have some difficulty in speech and became easily fatigued on using her voice at length. She also complained of a feeling of fullness and difficulty in swallowing and breathing.

Her condition gradually became worse, and on November 19, 1909, she reported as follows: Always enjoyed perfect health, has had no children and no miscarriages; family history negative. At this time she could not articulate distinctly, yet one could understand what she was saying. There was some difficulty in breathing, becoming readily fatigued on using the voice. Liquids would occasionally pass into the nose on swallowing. She had coughing spells when swallowing solid food. The lips could not constantly be kept closed so that there was a dribbling of saliva.

On examination the mouth appeared large and the lips thinner than normal. The tongue could be protruded with difficulty, the surface showed folds or depressions and there was a constant tremor of the muscles of the tongue. The patient could not lift her tongue up to the hard palate. The senses of taste, touch and pharyngeal reflex were present. The soft palate moved sluggishly; the larynx appeared normal, but the muscular movements seemed to be impaired. The detoid muscle as well as the muscles of the hand were weakened. The thenar and the hypothenar eminences were flabby and flattened and the intercarpal muscles showed signs of atrophy.

The reflexes of the arms and legs were somewhat exaggerated. Sphincters not disturbed. Patient has had a chronic catarrhal otitis media for the past fifteen years, but has observed no special progress during the past year. Vision normal and fundus findings negative.

Case of Paget's Disease of the Nipple.

Reported by Dr. Ernst Jonas, of St. Louis, Mo., In a Paper Published in the Interstate Medical Journal, St. Louis, September, 1910.

Mr. J. W., referred to Dr. Tuholske and myself in March, 1909, by Dr. Friedman of St. Louis, aged 61 years, stated that two years before, he had noticed on the nipple of his right breast a few grayish scales and a slight redness. Some time after, the nipple became intensely red, had a granular appearance and looked as if the whole skin had been removed. He took it to be an eczema and applied an ointment. A clear, yellowish, viscid fluid oozed from the nipple and from the areola which was soon similarly affected. The patient's attention had been called to the trouble by itching and burning. About three months afterward, a similar process began on the other nipple. His general health did not suffer. Later crusts formed over the affected areas, which from time to time fell off and formed anew. The patient knew that there had been a remarkable predisposition in his family to malignant tumors of the breast. His father, a brother, his father's sister and her daughter had all died of cancer of the breast. Fearful of a dreaded diagnosis, he delayed seeking advice.

When he presented himself to us, two years after the beginning of the trouble, there was extensive ulceration in the region of both areolæ mammæ. Both nipples had entirely disappeared. The edges of both ulcerations were hard, raised and everted, their bases were hard and irregular. There was a purulent, badly smelling discharge from both sides. Scabs and crusts had formed on both ulcers, detachment of which gave rise to bleeding. The ulcerations were immovably connected with the chest wall.

The zone between both ulcers was normal. In both axillary cavities hard, indolent glands, as are typical of carcinoma, were palpable. The patient was informed of the gravity of his condition and advised to have both breasts removed, as an attempt to save him from certain death.

A radical operation (Rodman's incision) for both sides was performed, including the removal of the anterior aponeuroses of the recti muscles. This latter step, by the way, might well be

more frequently added to the usual radical removal of cancer of the breast to prevent abdominal metastases. These latter seem to be more frequent than is generally supposed and are believed to occur through lymphatics penetrating the recti muscles. The patient did nicely, and left the hospital six weeks after the operation to take a trip to Europe.

When he returned six months later, he began to fail rapidly. There was no local recurrence of the growths, but it soon became evident that he had a metastasis in the spinal cord. An x-ray picture taken by Dr. R. D. Carman proved negative. The symptoms gradually grew more pronounced and a month later the following symptoms indicated the location of the metastasis in the dorsal region of the spinal cord: (a) paralysis of the lower extremities, (b) paralysis of the bladder and rectum, resulting in retention of urine and feces, (c) anesthesia of both lower extremities and the lower part of the abdomen, (d) paralysis of the abdominal muscles, making respiration very shallow. Death resulted from an ascending pyelonephritis. An autopsy was refused. Upon microscopic examination, Dr. Tiedeman, pathologist of the Medical Department of Washington University, reported cancer of both breasts. The skin between the two ulcers revealed no change.

To summarize: According to recent investigations, Paget's disease of the nipple is cancerous from the very first, rapidly involving the skin and the breast itself.

Poisoning by Mercuric Chlorid through Vaginal Douches.

Reported by Arthur J. Patek, M.D., Milwaukee, Wis., in the A. M. A. Journal, June 4, 1910.

A recent experience with a fatal case of mercury poisoning through vaginal douches, is worth recording, so that it may constitute a warning to others. Inasmuch as several similar cases have recently been reported in the Journal, the chronicling of another, even though it be a rare experience, must be considered an urgent duty.

The patient, Miss K., aged 35, first consulted me on the morning of January 23, 1910. She gave a history of persistent vomiting and purging of four days' duration. Careful questioning elicited no satisfactory information, and her symptoms were without known cause. The taking of medicine in any form was denied. An epidemic of intestinal grippe was raging at the time and her condition was ascribed to this. She complained of no pain whatever, nor did physical examination elicit anything further. Powders of bismuth and morphin were given.

She was again seen January 25. Purging had ceased entirely, but vomiting followed everything taken by mouth. No pain was complained of, and the abdomen was not sensitive to touch. There was neither headache nor dizziness; vision was good. Since January 23, anuria had existed. Again detailed questioning elicited absolutely no information of value, and the patient again denied having taken medicine or of even having used drugs or medicine in any form whatever. Efforts to stimulate the flow of urine was made. During the following night a small quantity was voided (after 72 hours' anuria) which, inasmuch as menstrual flow had begun, the attendant failed to save, as had been directed. On the previous day epistaxis was noted, continuing 36 hours. While during the first few days the mental condition was apparently normal, the patient occasionally lapsed into a dazed state when she remained unnoticed. Epistaxis recurred on Friday, the 28th, and with the vomitus much of the swallowed blood was regurgitated. On the evening of this day four ounces of bloody urine were withdrawn by catheterization. It contained an abundance of albumin, epithelial cells, hyaline casts, blood and pus. Every effort was made to restore the action of the kidneys, but, save a slight response as indicated by a small quantity of bloody secretion, no further result was atatined. The patient was in a stuporous condition during the night of Friday, the 28th, and the following day.

Although suspecting that the patient had taken mercury in some form, either with suicidal intent or by accident, this was strenuously denied, and no explanation for the rather characteristic symptoms of corrosive sublimate poisoning was suggested. However, on Saturday, the 29th, the day before her death, corroborative information of the suspected cause was obtained. I was reliably informed that on the day she was first taken ill, January 19, four days prior to my first visit, she had consulted another physician, complaining of severe irritation and burning of the labia. This physician was told that she had been using douches prepared by dissolving tablets in water, and the tablets were recognized by him as being merucry bichlorid. On examination he found a most intense inflammation and edema of the labia and vaginal tract, so much so that instrumental examination was impossible; and he noted the patient's excruciating suffering from the local condition.

Lacking evidence that the patient had taken mercury in any form by mouth, it is evident that the absorption of the poison in toxic quantities must have taken place through the vagina. The strength of the solution used is not known. In any event, this case, and others recently noted in The Journal, ought to constitute a warning to physicians that mercury can hardly be employed with safety in this manner.

Death under Gas and Oxygen Anesthesia.

Reported by Dr. G. F. Lydston, of Chicago, in the Medical Record of November 12, 1910.

Case.—X., aged sixty-five. Had always been a free liver and addicted to the excessive use of alcoholics. Consulted me for a tight, at first impermeable, bulbo-membranous stricture with several false passages and a severe chronic cystitis. The kidneys were apparently in excellent condition. I began treatment by dilatation, but after some weeks of careful study and treatment of the case, found that the stricture was so irritable and resilient that further dilatations seemed worse than useless. I, therefore suggested perineal urethrotomy and bladder drainage. The heart and kidneys being in excellent condition, I did not particularly fear anesthesia, although a slight asthma suggested the advisability of extra caution in its administration.

The patient being a relative of a prominent Chicago physician who had referred the case to me, I was exceptionally interested in avoiding unpleasant accidents. I, therefore, asked the doctor to be present at the operation and requested that a specialist in anesthesia be employed. The doctor and myself eventually

agreed upon one of the most experienced and capable men of our acquaintance.

As is true of many cases of anesthesia, no matter what anesthetic is used, the blood escaping from the operation wound was at first dark, showing imperfect oxygenation. The color of the blood speedily turned to the usual color of arterial blood, and remained normal for perhaps five minutes, when, just as I had entered the deep urethra and divided the stricture, the blood suddenly again became of a venous hue. I immediately rose, glanced at the patient's face, and, simulanteously with the anesthetist, discovered that we were in trouble, the patient being deeply cyanosed and respiration having ceased. The heart was still beating, but laboredly, and continued to beat for some minutes. We worked manfully over the patient for more than an hour, using all the ordinary and some extraordinary methods of resuscitation, but to no purpose. No autopsy was permitted, but from the data at command the cause of death was apparently respiratory paralysis and consequent asphyxiation.

Abstracts from Medical Journals.

Heredity in Tuberculosis.

Dr. H. J. Achard, of Chicago, in a paper published in the Illinois Medical Journal, gives the following conclusions of his study on the influence of heredity in tuberculosis:

1. Tuberculosis as a disease is never inherited.
2. A general and a specific predisposition (hypersusceptibility) may be transmitted; whether an actual tuberculosis develops on this foundation depends upon an exposure to infection. The transmitted predisposition is probably modified by a degree of specific resistance, which may likewise be transmitted.
3. Congenital tuberculosis is exceedingly rare and can therefore not be admitted as the principal cause of phthisis in adolescence or adult life.
4. Congenital tuberculosis is not a hereditary disease but is due to intra-uterine infection by way of the placenta. It is only possible when the placenta is pathologically altered.
5. Congenital tuberculosis is observed only in the infants of women with far advanced phthisis, the mothers in all cases on record having died soon after delivery.
6. Infants with congenital tuberculosis succumb always to the disease in the first weeks, or at most months, of extra-uterine life.

Syphilis vs. Tuberculosis of the Larynx.

The character of the voice will aid in the diagnosis. In tuberculosis the voice is weak, often a mere whisper, but in syphilis the voice is strong but hoarse. The cough of phthisis is more troublesome and characteristic than the syphilitic cough; the expectoration is more profuse, and complete aphonia, which is common in tuberculosis and sometimes comes on comparatively early in the disease, is quite rare in syphilis. The pain in advanced cases of tuberculosis of the larynx is much greater and more distressing than in a case of syphilis.—Henry Parrish, in The New York Medical Journal.

Transfusion of Blood.

Hempelmann (Interstate Medical Journal, May, 1910), after a brief review of this subject and some records of cases, regards the following conclusions as warranted:

Direct transfusion is indicated in post-operative hemorrhage, hemorrhage of typhoid fever, gastric ulcer, purpura, hemophilia, hemorrhagic disease of the newly born, illuminating gas poisoning, and possibly in pernicious anemia. It has been found useless in cancer, Hodgkin's disease, uremia, leukemia, and in infectious diseases.

Acute Anterior Poliomyelitis.

Dr. Alfred Friedlander has an able article in the Interstate Medical Journal, St. Louis, from which we extract the following:

There is a general impression that poliomyelitis is becoming more frequent, that the morbidity has increased in various parts of the world in the past few years. There can, of course, be no doubt that the disease has been called to the attention of the profession very much more of late, and that it is more frequently recognized than it was formerly. But bearing this caution in mind, the following table is at least very suggestive:

Period.	Cases.	Outbreaks.	Average No.
1880-84	23	2	11.5
1885-89	93	7	13.0
1890-94	151	4	38.0
1895-99	345	23	15.0
1900-04	349	9	39.0
1905-09	8,054	25	322.0

The recent outbreaks have been widely distributed. The largest epidemic ever reported was the New York one of 1907—2,500 cases. The data concerning this epidemic have just been published and are now available for study.

Flexner has called attention to the significant fact that the original foci of the epidemic disease in the United States, occurring in the summer of 1907, were along the Atlantic Seaboard, New York and Boston being most affected. These ports receive the immigration from Northern and Eastern Europe. Since, moreover, the best established focus for the disease in Europe during the past decade has been Scandinavia, it further becomes significant that the second large outbreak in our country has occurred in that part of the Middle West which receives a large influx of population from Norway and Sweden.

Etiology—Most cases occur in the summer months and in early autumn. The ages of greatest susceptibility would seem to be from the second to the fourth year. Older children are not exempt, and adults are not infrequently attacked. The experiments of Landsteiner and Popper, followed by the brilliant work of Flexner and Lewis in this country, have demonstrated absolutely that the virus of poliomyelitis is a living thing. Flexner and Lewis have now transmitted the disease through twenty generations of monkeys, obtaining a virus that is now more active than it was at the beginning. The original inoculation was made from a portion of the cord of a child, dying of the disease, into the cranial cavity of the ape.

The virus belongs to the class of so-called filterable viruses; that is to say, viruses of ultramicroscopic size, so small that they cannot be revealed by the most powerful microscope. The virus passes unchanged through the finest filter of which we have any knowledge. It may be noted here that the viruses of yellow fever (at

one stage), of dengue, and of rabies, all belong to the class of so-called filterable viruses. So far, actual cultivation of the virus outside the body has not been successful. Changes in culture-fluids, indicating increase in potency of virus have been obtained, but it has not been possible to transmit the disease by means of such fluids.

(The following points are then considered: Communicability; experimental transmissibility; pathology; modes of infection; symptomatology of different forms; diagnosis; prognosis, and the following on treatment.—Editor.)

Treatment—Prophylaxis is of the utmost importance and universally now during the presence of epidemics strict quarantine is insisted upon. Massachusetts has made the disease a notifiable one. The State board suggests that urine, stools and sputum should be disinfected.

Flexner and Lewis report that a one per cent. solution of peroxide of hydrogen in perhydrol has been found to destroy the virus. In view of their belief that entrance of the virus is probably by the respiratory tract, the use of a nasal douche of this sort would seem advisable. Special house-to-house inspection during epidemics, as practiced this past year in Massachusetts, would also seem of prophylactic importance. The special remedial measures generally recommended include rest, hot bathing, sedatives, and internal antiseptics such as urotropin. (It will be remembered that urotropin given internally finds its way into the spinal canal very quickly.) It is demonstrable that drugs of this class are to be found after administration in the blood, in the tissues and in some of the excreta. Their early and free use in thus advisable. Nerve stimulants such a strychnia are not advisable in the early stages.

Kerr advises the use of hot packs, free use of water internally, hot enemata followed by castor oil, rest, restriction of diet, ergot and belladonna in full doses.

The importance of early attention to the paralysis in the way of corrective splints, or by appropriate movements is everywhere noted.

Ehrlich-Hata Remedy in Complicated Syphilis

Dr. Wechselmann, in Deutsche Med. Woch., August 11, 1910, after the usual laudatory contribution to the virtues of "606," touches mildly on untoward effects of the remedy. A train of symptoms which might have erroneously been ascribed to arsenicism is explained by the supposition that the remedy may activate latent bacterial infection. Thus, if we suppose that a patient at the time of the injection chanced to suffer from a bacteriogenic angina or otitis media, the said injection might cause the complication to pursue a more active course. A number of complicating conditions of the most diverse kinds, but all such as are sometimes influenced by arsenical medication, remained unaltered. It is implied that at least one case of abortion has been ascribed to the drug.

The Treatment of Inoperable Sarcoma.

Dr. W. B. Coley, in the Practitioner, November, 1909, after a general resume of his work on this subject, states that he has had 52 cases of inoperable sarcoma successfully treated with the mixed toxins of erysipelas and bacillus prodigiosus. Of these, 35 have remained well from 3¼ to 16 years; 28 from 5 to 16 years, and 14 from 10 to 16 years. To the 36 successful cases published in 1906 he has added 16 others.

Tumors of the Sigmoid.

Among the symptoms of tumor of the sigmoid must be placed disturbance of function causing irregularity of the bowels, and gripings attended by discharge of mucus, blood and occasionally a little pus. These mucous discharges are not necessarily accompanied by feces. Very often there is an unsatisfied feeling, with straining, after the evacuation from the bowels. In the majority of cases the first real evidence of tumor is brought about by interference with the progress of the bowel movement, giving rise to pain and borborygmus, accompanied by "stiffening" of the intestine and visible peristalsis. This partial obstruction is very significant. If it has existed for some time the distended intestine can be seen above the obstruction, the sequence being a crampy colicky pain, visible peristalsis, stiffening of the intestine immediately above the obstruction and gurgling sounds like water and air in a bottle.—W. J. Mayo, in the Montreal Medical Journal.

Function of the Appendix.

Dr. E. M. Corner, of London, England, in Annals of Surgery, Philadelphia, claims that: (a) Lymphoid tissue is the characteristic feature of the cecal apex. The vermiform appendix of man is represented in the vertebrate kingdom by a mass of lymphoid tissue, situated most frequently at the cecal apex. (b) As the vertebrate scale is ascended, this lymphoid tissue tends to be collected together into a specially differentiated portion of the intestinal canal, the vermiform appendix. (c) The vermiform appendix of man is not, therefore, solely a vestigial structure, though it undoubtedly represents the terminal part of the cecum. On the contrary, it is a specialized part of the alimentary canal, Nature having made use of a disappearing structure and endowed it with a secondary function by giving it lymphoid tissue to protect the body against the micro-organisms in the ileocecal region. The comparative absence of lymphoid tissue in the rest of the large intestine is inexplicable, as it is in the cecum that the feces have been brought up to the proper consistence to allow of their passage along the colon, and in consequence there are no more prolonged periods of "rest" in the presence of moisture, the feces becoming dryer and harder; consequently there will be less fermentative action.

In "clean" surgical cases a rise of temperature to even no more than 99.5° or 100°, during convalescence after operation, always means something—it may be only serous retention.—Amer. Jour. of Surgery.

A uniform enlargement of one buttock, developing spontaneously and not of subcutaneous origin, is probably due to a subgluteal lipoma. Here, too, however, a hydroma must be thought of.—Amer. Jour. of Surgery.

Reports from County Societies.

ATLANTIC COUNTY

Theodore Senseman, M. D., Reporter.

A regular meeting of the Atlantic County Medical Society was held at the Marlborough-Blenheim Hotel, Atlantic City, Friday evening, December 9, 1910, at 8:30 o'clock. President E. H. Harvey occupied the chair.

William A. Purrington, Esq., of New York City, addressed the society on "Some Recent Decisions Affecting Medical Men."

Dr. D. J. M. Miller, of Atlantic City, presented a paper entitled "A Note on the Importance of Sufficient Proteids in the Artificial Feeding of Infants."

Discussion was had on these topics by several of the members present, after which the society adjourned.

BERGEN COUNTY

Frederick S. Hallett, M. D., Secretary.

The Bergen County Medical Society held its regular monthly meeting in Elks' Hall, Hackensack, November 11, 1910, at 8:15 P. M. The president, Dr. James W. Proctor, occupied the chair and twenty-five members were present.

After the regular order of business Dr. George D. Stewart, professor of surgery in the University and Bellevue Medical College, New York, gave a very interesting talk on "Symptoms and Diagnosis of Gall-stone Disease."

At the next meeting, which will be held December 13th, Dr. Gordon K. Dickinson, of Jersey City, will read a paper on "Chronic Appendicitis." The meeting will be held as usual in Elks' Hall, Hackensack, at 8:15 P. M., and we will welcome visiting members of other medical societies.

DECEMBER MEETING.

Frederick S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, December 13, 1910, at 8:15 P. M. The president, Dr. James W. Proctor, occupied the chair, with fifteen members present.

After the regular routine business had been transacted, Dr. Gordon K. Dickinson, of Jersey City, was introduced and read a most interesting paper on "Appendicitis and Its Moving Pathology." I enclose the paper for publication in the Journal.

The society, on motion, approved the change of date of the annual meeting of the State Society to June 13-15, 1911, and also the place of meeting—the New Monmouth Hotel, Spring Lake.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The semi-annual meeting of the Hunterdon County Medical Society was held in Flemington, October 25th, 1910, Dr. Isadore Topkins presiding.

Owing to some difficulty with the heating apparatus the meeting was held in the court room, instead of in the grand jury room as usual.

Drs. Edward H. Crystell, of Califon, and Samuel B. English, of Glen Gardner, were elected to membership in the society.

Drs. Ward, Walter, Mills and Sommer were present as guests.

Dr. George G. Mills, of Annandale, made application for membership.

Reports of the sections:

Dr. L. T. Salmon on practice reported the case of a child with cervical adenitis. Next day it was sleepy and had an unevenly distributed general rash resembling measles, which became hemorrhagic. The child recovered. It was an irregular manifestation of measles, but at no time was there coryza, cough or mouth eruption.

Dr. F. L. Johnson asked for reports of cases of typhoid in old people, stating that he had a case in a patient of 71 years. Dr. G. L. Romine said he had a case develop in a patient of 65.

A case of uremic convulsions in a lady seven months pregnant was reported in which veratrum viride hypodermically and bromide and chloral by rectum brought the pulse down from 132 to 60.

The chairman of the section on obstetrics reported a mild case of femoral phlebitis, also with Drs. F. L. Johnson and O. H. Sproul reported the case of an overgrown fœtus in a woman who had nine children, all being instrumental deliveries. The patient was taken in labor and the doctor summoned. He waited a while for the head to engage, and ruptured the membranes and waited a while longer, then applied forceps, but was unable to engage the head. He then sent for a consultant, who also applied forceps, without result. Then version was performed and upon making traction on the body of the child it came away and left the head in the uterus. Another doctor was summoned and forceps were tried on the head without result and several attempts to perforate the skull failed, as no sutures or fontanelles could be found. She was then sent to St. Michael's Hospital in Newark, where forceps were again tried and abandoned. A perforator was forcibly driven through the skull and it was extracted with a blunt hook. The patient died in the afternoon.

Dr. H. M. Harmon, of Frenchtown, was essayist, and he took for his subject "The Cook." After scoring indifferent and bad cooks, he advocated their licensing by the State, after they had completed the grammar school course and received a certificate and taken a four years' course comprising the study of biology, chemistry, physiology, sanitation, botany, etc., leading to the degree. The subject was discussed by Drs. Salmon, Romine and Williams.

The Committee on the Medical Inspection of Schools asked for more time before reporting.

MERCER COUNTY

Harry R. North, M. D., Reporter.

The Mercer County Component Medical Society held its regular monthly meeting November 14th, at 8:15 P. M., at the Trenton House, Trenton, Dr. C. J. Craythorn presiding.

The society had as its guests Dr. Henry Bates, Jr., president of the Medical Examining Board of Pennsylvania; Dr. C. J. Jones, of the Will's Eye Hospital, Philadelphia, Pa., and Dr. David C. English, of New Brunswick, N. J., editor of the State Journal.

This being banquet night, all official business was postponed, and the speaker of the evening, Dr. H. Bates, Jr., was introduced and proceed-

ed at once to deliver a most able address on "Some Problems in Metabolism."

After a short discussion the members adjourned to the banquet hall, where, amid a profusion of chrysanthemums, a bountiful repast was served. In justice to the stomach let it be said that the terrible appetite manifested by every member present was due entirely to the stimulating effect of the address on "Metabolism."

Dr. T. H. Mackenzie responded to an informal toast, "The State Society." The doctor gave a brief history of the State Society, and especially emphasized the advances in legislation governing the practice of medicine in New Jersey.

Dr. H. G. Norton responded to "The State Board."

Dr. D. C. English, editor of the State Journal, was introduced and gave a brief history of some of the able medical men Mercer County has produced; his reminiscences were particularly applicable. Dr. English also called attention to the legislative work being done by the State Society and also its success in the defence of malpractice suits brought against its members.

Dr. George E. Titus was present and gave the society a most pressing invitation "to come to Hightstown the next time." The society appreciated his invitation but were unable to act upon it as the doctor failed to explain just how the gentlemen would get home after a Hightstown banquet.

Dr. Bates, Jr., wound up the speech-making with a few appropriate remarks and the meeting adjourned with everybody full of metabolism and champagne.

The next meeting of the society will be held the second Tuesday in December, at 8:15 P. M.

MONMOUTH COUNTY.

William A. Robinson, M. D., Reporter.

The annual meeting of the Monmouth County Medical Society was held on December 13th, 1910, 1 o'clock P. M., at the Monmouth House, Freehold, N. J. At 1:30 a recess was declared until after dinner, after which Dr. Harry B. Slocum, of Long Branch, read a very interesting and instructive paper on typhoid fever.

The results of the election of officers was as follows:

President, Dr. P. P. Rafferty, of Red Bank; vice-president, Dr. Joseph T. Welch, of Long Branch; treasurer, Dr. Isaac S. Long, of Freehold; secretary, Dr. Edwin Fields, of Red Bank; reporter, Dr. W. A. Robinson, of Ocean Grove; permanent delegates to State Society, Drs. William B. Warner and D. Edgar Roberts; annual delegates to State Society, Drs. W. S. Whitmore, of Oceanic, and H. E. Shaw, of Long Branch.

The treasurer—Dr. I. S. Long—reported forty-six members in good standing.

The following names were proposed for membership: Drs. J. A. Hill, Asbury Park, and G. V. Warner, Fairhaven.

After some remarks by various members of the society, we adjourned.

PASSAIC COUNTY.

Joseph A. Maclay, M. D., Secretary.

The regular monthly meeting of the Passaic County Medical Society was held in the Braun building, Paterson, December 13, 1910, Vice-President William Flitcroft in the chair. It was a rousing meeting, large attendance.

The society voted that the sentiment was in favor of the State Society holding the next annual meeting June 13th to 15th, 1911, and at the New Monmouth Hotel, at Spring Lake Beach, if a satisfactory rate can be secured. We had a big discussion of the lodge contract business which is to be continued next time. I am unable to tell you what the sense of the majority is as we had no test vote on the matter. Those who spoke were about evenly divided as to opinion and I imagine that it will be a difficult matter to have any influence on the holders of lodge contracts even though they acknowledge the fallacy of the business, as some of them do. Next time we hope to have a test vote in some way to get at the opinion of the majority.

We had an interesting demonstration that evening by Dr. J. C. McCoy, who exhibited two youths from whom he had removed ruptured spleens together with the spleen specimens, and also a specimen of gunshot wound of spleen and a melano-sarcoma of spleen. He also exhibited a case of Ludwig's angina, which he had satisfactorily operated on the day before. A collation and cigars followed and the social meeting did not break up until midnight. Forty-eight members and four guests were present. I regret that our society's meetings have not been fully reported in the Journal lately, which is too bad, for we have a lot of interesting things presented for our consideration and our society is in every other way a live body.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

At the quarterly meeting of the Salem County Medical Society held on November 2, 1910, the members went on record as being opposed to making house-to-house inspection or examination for industrial insurance companies for less than $1.00 and of attending members of organizations for less than $1.00 Opposition was also expressed against contracts for examination of public school children, and favored charging $1.00 per child per year.

It was a most enjoyable meeting. Dr. W. H. James, of Pennsville, read a very able paper that was highly commended and was well discussed.

Among the visitors present were Dr. E. Hollingshead, of Pemberton, third vice-president of the State Medical Society; Dr. James Hunter, of Westville, district councilor of the State Medical Society; Dr. George E. Reading and Dr. H. A. Wilson, of Woodbury; Dr. and Mrs. J. H. Moore, Dr. E. J. Corson and Dr. M. J. Sewall, of Bridgeton; Dr. and Mrs. William R. Faulkner, of Vineland; Dr. H. H. Fretts, of Shiloh; Dr H. Garrett Miller, of Millville, and Dr. J. M. Husted, of Woodstown.

Medical Library Association of Newark.

This association at its fifth annual meeting, held Tuesday evening, November 29, elected these officers for the ensuing year: Dr. F. R. Haussling, president; Dr. Elbert S. Sherman, vice-president; Dr. Frank W. Pinneo, secretary and treasurer; John Cotton Dana, librarian.

The directors are Dr. A. A. Strasser, Dr. W. F. Wallhauser, Dr. Wells P. Eagleton and Dr. C. Herbert Church.

Other Medical Organizations.

New Jersey State Pediatric Society.

Morris J. Synnott, M. D., Secretary.

A general meeting under the auspices of the New Jersey State Pediatric Society was held in the music room of the Hotel Marlborough, Asbury Park, N. J., on Thursday evening, October 27th, 1910.

The meeting was called to order by the president, Dr. Henry L. Coit, at 8:30 o'clock. The following members of the society were present: Dr. H. L. Coit, Dr. T. N. Gray, Dr. D. J. Milton Miller, Dr. E. G. Wherry, Dr. E. W. Murray, Dr. M. R. Whitenack and Dr. M. J. Synnott.

About thirty physicians, not members of the society, were also present in response to the invitations which had been sent out to the general profession. On account of the stormy evening the attendance was not as large as it would have been if the weather had been more propitious. Many physicians wrote or telephoned their regrets at not being able to attend.

Dr. Coit, in opening the meeting, made a brief address, after which the secretary read the report of the first public meeting of the society held in Newark on the evening of April 14th, 1910, at which meeting an address was delivered by Professor L. Emmett Holt, M. D., of New York City.

The president, Dr. Coit, thereupon introduced the speaker of the evening, Dr. Linnæus Edford La Fetra, of New York, editor of the Archives of Pediatrics. Dr. LaFetra delivered a very scholarly and comprehensive address, the subject of which was "Heart Disease in Childhood."

At the close of the address, Dr. Coit informed the physicians present that they were free to ask Dr. LaFetra questions. Dr. Gray, Dr. Wherry, Dr. Ellis and Dr. Miller availed themselves of the opportunity and discussed certain phases of the paper, after which Dr. LaFetra brought his discussion to an end.

The meeting adjourned at 10:20 P. M., after the president had thanked Dr. LaFetra for his address and felicitated the physicians present at the meeting upon having had an opportunity to listen to so able a paper.

National Confederation of State Medical Examining and Licensing Boards.

This confederation will hold its twenty-first annual meeting in Chicago, Ill., on Tuesday, February 28th, 1911, at the Congress Hotel.

The topics to be considered are all of practical and vital interest to medical colleges, medical examining boards, the profession at large and the public. The symposium will be composed of ten papers and be presented from the viewpoints of State, law, medical colleges, State medical examining and licensing boards and the medical profession. The chief object of the symposium is to determine, as far as possible, the feasibility of placing medical colleges under State control.

An earnest and cordial invitation to this meeting is extended to all members of State Medical Examining and Licensing Boards, teachers in medical schools, colleges and universities, delegates to the Association of American Medical Colleges, to the Council on Medical Education of the A. M. A., and to all others interested in securing the best results in medical education.

The officers of the confederation are: President, J. C. Guernsey, M. D., 1923 Chestnut street, Philadelphia, Pa.; secretary-treasurer, George H. Matson, M. D., State House, Columbus, O.

Surgeons Organize Congress.

The Clinical Congress of the Surgeons of North America was organized at the Hotel La Salle, Chicago, November 17th, the initial membership being made up of the surgeons in attendance at the series of clinics. It is proposed to continue these clinical reunions year by year in one of the large cities of the country. Membership is made up of surgeons who register at the regular sessions of the congress. The following officers were elected: President, Dr. Albert J. Oschner, Chicago; vice-president, Dr. John G. Clark, Philadelphia; editor and general secretary, Dr. Franklin H. Martin, Chicago; treasurer, Dr. Allen B. Kanavel, Chicago, and general manager, Mr. A. D. Ballou, Chicago.

County Medical Societies.

Dates of Meetings.

Atlantic—January 6, 1911, annual, Atlantic City. Second Friday of each month, at 8:30 P. M.

Bergen—January 10, 1911, Elks' Hall, Hackensack, 8:30 P. M. Second Tuesday each month except July and August. Annual meeting, April 11, 1911.

Burlington—January 11, 1911, annual, at the Washington House, Burlington, 1 o'clock P. M. April 12, June 14 and October 11, 1911.

Camden—February 14, 1911, Camden City Dispensary Building, social meeting, 8 P. M. April 25, annual, 12 noon; second Tuesday in October and December, 8 P. M.

Cape May—April 4, 1911, at Hotel Bellevue, Cape May Court House, 10 A. M. October 3, 1911.

Cumberland—January 10, 1911, at the City Hotel, Bridgeton, 1 P. M. April 11, annual; July 11; October 10, 1911.

Essex—January 10, 1911, Hall of Free Public Library, Newark, 8:30 P. M., Dr. L. F. Flick on Tuberculosis; January 24, 1911, same place and hour, Dr. Charles M. Stiles on Hookworm Disease. Annual meeting April 4, 1911.

Gloucester—January 15, 1911, annual, Paul's Hotel, Woodbury, 1:30 P. M. March 16, May 18, November 16, 1911. Social session in September.

Hudson—January 3, 1911, Public Library Building, 8:30 P. M. First Tuesday of each month till April inclusive. Annual meeting April 4, 1911.

Hunterdon—April 25, 1911, annual, at Flemington. October 25, 1911.

Mercer—January 10, 1911, Council Chamber, City Hall, Trenton, 8:30 P. M. Second Tuesday of each month. Annual meeting May 9, 1911.

Middlesex—January 18, 1911, New Brunswick, 5:30 P. M. Papers by Dr. H. A. Cotton, Trenton, and Dr. E. W. Scripture, New York. April 19, annual, July 19, October 18, 1911.

Monmouth—No report received. Annual meeting December 12, 1911.

Morris—No report received. Annual meeting March 14, 1911.

Ocean—May 17, 1911, at residence of Dr. George W. Lawrence, Lakewood, 4:30 P. M. Annual meeting in October, 1911.

Passaic—January 10, 1911, Braun Building, Paterson, 8:45 P. M. Second Tuesday evening every month, except July, August and September. Annual meeting, April 11, 1911.

Salem—February 1, 1911, Shafer House, Salem, 2 P. M. May 3, annual. November 1, 1911.

Somerset—No report received. Annual meeting, April 13, 1911.

Sussex—May 9, 1911, annual, at the Cochran House, Newton, 11 A. M.

Union—January 11, 1911, in Elizabeth; April 12, July 12, in Elizabeth; October 11, in Plainfield.

Warren—No report received. Annual meeting in May, 1911.

We give above information as far as the secretaries have responded to our request, in some cases twice made, as we wished to have them full and accurate. We also endeavored to get information concerning the local societies' meetings but are obliged to defer insertion in Journal until more of the secretaries report.

New Members of County Societies.

Atlantic—
- Harley, H. L., Pleasantville.

Bergen—
- Edwards, J. B., Woodbridge place, Leonia.
- Phillips, Walter, Palisade avenue, Englewood.
- Pitkin, G. P., Bergenfields.

Burlington—
- Roberts, Walter E., Riverside.

Camden—
- Blake, Duncan W., Jr., Gloucester City.
- Goldstein, Hyman I., 1441 Broadway, Camden.
- Smith, Walter H., 100 W. Main street, Haddonfield.

Cumberland—
- Halsey, John S., Vineland.
- Patterson, Louise, Vineland.

Essex—
- Bagg, L. W., 76 Elizabeth avenue, Newark.
- Berardinelli, G. S., 92 Eighth avenue, Newark.
- Broadnax, Mary E., 18 Elizabeth avenue, Newark.
- Chattin, J. Franklin, Newark.
- Keeney, Cadwell B., 315 Clifton avenue, Newark.
- Scott, Robert Hunter, 17 Gould avenue, Newark.
- Taylor, Edwin C., 10 South Arlington avenue, East Orange.

Hudson—
- Cook, John, 38 E. 22d street, Bayonne.
- Frech, Edwina D., 41 Emory street, Jersey City.
- Hecht, Max, 44 Clinton avenue, W. Hoboken.
- Kelly, Charles B., 65 Bowers street, Jersey City.
- Koppel, Leopold A., 106 Grand street, Jersey City.
- Maver, William W., 707 Ocean avenue, Jersey City.
- Riha, William W., 25 W. 26th street, Bayonne.

Hunterdon—
- Crystell, Edward H., Califon.
- English, Samuel B., Glen Gardner.

Middlesex—
- Greenwald, Max, Perth Amboy.
- Hay, Joseph S., Perth Amboy.

Monmouth—
- Thompson, Otto C., Matawan.

Passaic—
- Stagg, Frank M., 88 Lexington avenue, Passaic.
- Veenstra, William, 18 Church street, Paterson.

Union—
- Boozner, William E., East Jersey street, Elizabeth.
- Burnett, Thomas F., 253 Court street, Elizabeth.
- Kelly, George G., 1156 East Jersey street, Elizabeth.
- Keppler, Carl R., 32 King street, Elizabeth.
- Reiner, Jacob, 1053 East Jersey street, Elizabeth.

The above are all the names that have been reported to the editor. They should be enrolled as members of the State Society and receive the Journal, if their dues to the State Society have been paid.

Lectures on Sanitation.

Given by Columbia University in the Horace Mann Auditorium, Broadway and 120th street, New York City, on Monday afternoons at 5 o'clock. They are free and open to the public.

January 9—Tuberculosis as a Social Problem; Methods of Treatment. Dr. James Alexander Miller.

January 16—What the Teacher Should Know of the Tuberculosis Problem. Dr. S. Adolphus Kropf.

January 23—What the Teacher Could Do Toward the Solution of the Tuberculosis Problem.

The American Journal of Surgery announces its January issue as a special Southern number, to contain original contributions from the pens of well-known Southern surgeons. Among those to appear will be the following:

Pyuria, by Dr. Howard A. Kelly; Transfusion of the Blood, Its Indication and Tecnic, Dr. J. S. Horsley; Tumors of the Lower Jaw, Dr. W. F. Westmoreland; Pylorospasm, Dr. Stuart McGuire; Prevention of Immediate Post-Operative Pain by Quinine Injections, Drs. V. and V. W. Pleth; The Importance of Educating the Public in Regard to Cancer, Dr. Southgate Leigh; Aerogeues Infections, Dr. G. R. White; Stricture of the Rectum Complicating Fistulæ, Dr. C. S. Venable; Gastric Symptoms from a Surgical Viewpoint, Dr. Louis Frank.

The Board of Education of Philadelphia has just completed a census of defective children, which shows that there are 573 defective children unable to attend school, said to be about 50 per cent. of the actual number in the city, owing to the reluctance of parents to tell of afflictions. The board is advocating a special institution for the care and education of such children. An analysis of the report shows that the largest number of defectives are crippled, the number of cripples being 167.

THE JOURNAL

OF THE

Medical Society of New Jersey

JANUARY, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

WM. J. CHANDLER, M. D., Chairman, South Orange
CHARLES J. KIPP, M. D., Newark.
ELLIS W HEDGES, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

The Board of Trustees of the Medical Society of New Jersey will meet at the

TRENTON HOUSE, TRENTON, N. J.,

Thursday, January 12, 1911, at 2:30 P. M., to fix upon the date of the annual meeting of the State Society. A full attendance is earnestly requested.

By order of

DR. C. J. KIPP, Chairman.
D. C. ENGLISH, Secretary.

The Board of Trustees has had but few responses from individual members giving their preferences for date of annual meeting of the State Society. One county society has voted for no change of date and two for June 13-15, 1911, at Spring Lake. Those who wish to vote will please send their votes to Dr. D. C. English, Secretary, New Brunswick, before January 10th.

We are sorry to be compelled to defer insertion of Dr. George H. Ward's, Dr. Henry Beates, Jr.'s and Dr. H. J. Bogardus' papers till our next issue, on account, mainly, of the late receipt of some county society reports. Other papers read at medical society meetings by Drs. C. J. Kipp, G. K. Dickinson, T. R. Chambers and H. Chevanna will receive as early insertion as we can give them.

HAPPY NEW YEAR.

The editor sends greeting to every reader of the Journal wishing each a very

Happy New Year.

We believe the year 1911 will be one of marked advance in scientific medical knowledge and in the art that applies it. We hope it will also be one of more thorough organization of our profession, which will enable it to speak with authority and accomplish results that will command public confidence and respect, will exalt scientific dicta and reject all fads and frauds which appeal to ignorance and credulity at fearful cost to humanity.

Let us begin the new year by recognizing the obligation resting upon each of us and the privilege each may enjoy of contributing toward these greatly to be desired ends. Let us gather into our county societies all medical men within their respective boundaries who exalt scientific above mere empiric or sectarian practice of medicine. Our State Society at its next meeting in June should have not less than 1,500 members. Why not 2,000? Then report through the Journal the good work you are doing in the county societies—yes, and in every local medical society—and help us to make the Journal far better in 1911 than ever before. That is OUR desire. Reader, will YOU give it YOUR help?

SOCIETY REPORTS.

We again respectfully but urgently request *prompt* reports of county and local medical societies' meetings. Some of those in this month's issue were not received until ten days or more after the meetings were held. We cannot give that careful correction of mistakes we sometimes find in the reports and we are occasionally compelled to rewrite reports because of abbreviations and indistinct writing of names and technical terms. Then we have not time to properly correct proof when the printer is justifiably impatient, waiting to go to press.

Medicine is the most important of the sciences and its practitioners, and the Jour-

nal which reports their work, should observe accuracy and scientific methods in doing and reporting that work. We have generally found the men of highest attainment in medical knowledge—even the busiest of them—willing to take time to communicate their knowledge to the profession at large, often making sacrifice of time and money in so doing. These men often favor our county societies by attending and presenting valuable papers at these meetings, and they should have the courtesy of mention in the Journal through the report of the society's meetings they attend, and the important points of their papers, if not the entire paper, should be given to the profession throughout the State. But we do not minimize the importance of reporting the papers read and clinical cases reported by the members of the local society. They are helpful to our readers and often to the able men referred to, from outside, who appreciate the discussions and the reports of cases which often give the latter data for study and subsequent use.

We present these thoughts for the consideration of our county and local societies' secretaries and reporters, not only because, as editor of the Journal, we desire to show our readers that our societies are alive and doing good work which is worthy of and should be reported, but also because, as president of The Association of Medical Secretaries and Treasurers of New Jersey, we desire that our State Society shall show to the medical world outside our State—as it ought from its age and position—the high scientific standing of its members and the highest possible efficiency of the officers in State, county and local medical societies.

ORANGE MOUNTAIN MEDICAL SOCIETY.

Last month the editor had the great pleasure of attending the monthly meeting of the Orange Mountain Medical Society at the residence of his friend and associate in Journal work—Dr. W. J. Chandler, at South Orange. Although the attendance was affected by the severity of the weather and the pressing demands for the presence elsewhere of several of the members, we were glad to meet many esteemed professional friends and listen to an able paper by Dr. T. J. E. Tetrault on "The Physician's Liability and Legal Duty to Render Medical Service."

Many very interesting medico-legal questions were presented and ably discussed by many of those present, and one of the most interesting features was the presence of former Assistant Attorney-General E. D. Duffield, who very ably presented the legal aspects of many of the questions discussed. The social hour following the meeting, with an excellent collation which Dr. Chandler had provided, was greatly enjoyed.

We believe that all our medical societies would do well to have occasionally one or more lawyers present to discuss subjects in which both the medical and the legal professions are interested. It would tend toward a better understanding between the members of the two professions and would be helpful to both. It might have the effect —if such meetings were held by the societies generally—of hastening the settlement of the medical expert testimony problems to the better satisfaction of both, the furtherance of justice and the claims of humanity in dealing with insanity pleas in our courts. We must have the co-operation of both professions to secure the correction of the evils connected with testimony which brings dishonor upon both professions as well as cruel pain and distress to families involved and injury to society generally.

It might be well if there were also present occasionally at our meetings, members of the clerical profession to discuss questions in which their and our profession are mutually interested and where we should work together for the benefit of both and especially for our patients' good. It might tend to lessen clerical endorsement of fads and quackery by individual action or in religious newspaper advertisements, and thereby save the health and the lives of many, prevent the multiplication of religi-

ous cults or fads and overthrow the various frauds that deceive and harm the public.

Referring to fads and frauds, we are reminded that Mrs. Eddy, the leader of one of the most popular and plausible of fads—Christian Science—has just passed away. We question whether the medical profession has done its full duty in opposing this false system of religious belief. Doubtless one reason has been the dislike to attack what superficial reasoning on the part of its followers deemed to be honest religious belief and was a manifestation of their faith in God, and another reason has been the fear of the charge of persecution by those whose morbid imagination ever makes them suspicious of selfish motives on the part of physicians. Have we not often failed to differentiate between the form of faith cure which has sacrificed thousands of lives needlessly and has resulted in—if it was not originally designed for—the enrichment of its leaders, and other forms of faith cure, like the Emmanuel Movement, which had a far more reasonable basis for its existence, and we believe had as its leaders men who were honest in their motives and beliefs, even if they were often mistaken in judgment?

The vast majority of true physicians are believers in God, have faith in His power and His love for a suffering humanity, and the great majority of them rely upon His guidance and blessing upon their efforts, and recognize the vast influence of the Christian belief and hope of their patients in the success of the treatment of disease. But Christian Science so-called, we believe, is a fraud pure and simple; that its followers have been deluded by false reasoning and a blind faith which is sheer credulity. We have no doubt of its ultimate fate; it was the colossal fraud of the nineteenth century, and the death of its leader will doubtless hasten its downfall.

N. J. SANITARY ASSOCIATION.

The thirty-sixth annual meeting of the New Jersey Sanitary Association, which was held at Lakewood, December 2 and 3, 1910, was one of the best of the series. The papers on Dust Suppression on Roads; Medical Inspection of Schools; Sleeping in the Open Air; Disposal of Trade Wastes; Municipal Tuberculosis Commissions and Duty of the State to Protect the Health of Its Citizens; Value of Health Boards to Communities, and the Deleterious Effects of Illuminating Gas Upon the Human Economy, were all of a high order of excellence and the discussions thereon were fuller and more practical than usual.

The annual address by the president, Rudolph Hering, C. E., ably set forth the "Latest Phases of Sewage Purification," as studied by him in Europe and in this country. From his paper and the discussions following the reading of other papers, it would seem that we are far from having reached the stage of perfection in meeting the problems that confront our civil engineers relating to sewage purification, the prevention of water contamination and its purification when contaminated. We cannot now discuss these matter, but only express the regret that all must feel who carefully consider these questions that our towns and cities, during this experimental stage of this department of sanitary scientific work, are put to great expense in installing sewage and water plants when the probability is that further knowledge will require their removal for other methods of prevention, or relief from contamination.

It was also demonstrated that the medical inspection of schools is lacking in uniformity of methods, and thoroughness in application of even good methods, due in most cases to incompetent inspectors, but the discussion indicated that to secure better inspectors the fees must be increased to an amount approaching fair compensation—one dollar for each child per year was suggested.

One of the most important subjects presented and ably discussed was "The Social Evil in Its Relation to the Public Health." Dr. Alex. Marcy, Jr., presented an excellent report on the subject and the symposium, viewing the evil from the medical, moral and legal standpoints, was most ably conducted by Dr. Thomas N. Gray, Rev. Dr. Floyd Tompkins, of Philadelphia, and Dr. Robert N. Wilson, Jr., of Philadelphia.

The association appointed a committee, of which Dr. A. Marcy, Jr.—a Fellow of our State Society—is chairman, and Dr. T. N. Gray and others representing the clerical

and legal professions are members. A public meeting will be called at Trenton, in the near future, and a State organization will probably be formed to fight this gigantic evil. Further accounts of this important movement will be given in our February issue.

We shall give the papers presented by Drs. T. N. Gray, Henry Mitchell, on Sleeping in the Open Air, and A. F. McBride, on the Value of Health Boards to Communities, in subsequent issues of our Journal, possibly other papers presented.

We take the following item on the pneumonia death rate from the December issue of *Critic and Guide*. It is worthy our careful thought and study. With all our boasted health laws and health administration, deaths from preventable diseases are increasing, pneumonia and infantile diarrhœa especially, and the latter in spite of agitation and effort for a pure milk supply and other efforts to save the infants. We shall have something in facts and figures about New Jersey's record to present in the near future:

PNEUMONIA DEATH RATE INCREASING.

The Census Bureau reports 70,033 deaths from pneumonia in the registration area in 1909, and 70,040 deaths from pulmonary tuberculosis. In 1908 there were 61,259 deaths from pneumonia. Consequently we must account for an increase of nearly 9,000 in 1909 as against 1908.

If pneumonia is such a preventable disease as the National Sanitary Commission of two years ago decided it to be, then a relaxation in the way of prophylactic measures must have taken place. May we not be justified in assuming that the fresh air campaign against tuberculosis has had a partially evil side, in that many extremists among the laity have subjected themselves to undue exposure to cold and wet with the idea that they were thereby resisting tuberculous invasion?

If this assumption be true then the people have been robbing Peter to pay Paul in the domain of their physical economics. Their prophylaxis has over-reached. We can hardly be held accountable for an insane extension of measures of which we have counselled only reasonable use. Necessarily there is bound to be an evil phase to a crusade preached as vigorously as has been that against tuberculosis,and we believe that the evil side has expressed itself in terms of additional pulmonary pathology leading ultimately to the very goal which we would evade. In this we see the old symbol of the snake swallowing its own tail.

As to our responsibility, can he who throws a rope to a drowning man be blamed if the instrument of rescue be used by the rescued to hang himself with?

DUES—"GOOD STANDING."

We have frequently noticed in the reports of county societies the names of newly elected members. No notice of their election has been sent to the secretary of the Medical Society of New Jersey, nor are their dues paid. The position of such members is that of associate members or, possibly, honorary members. They have not the rights and privileges of regular members. They cannot receive the Journal. They are not entitled to the privilege of medical defence. They cannot become members of the A. M. A. nor of the Medical Society of New Jersey; neither are they in "good standing" in their own county societies, as our by-laws expressly state that no member is in good standing until his dues to the Medical Society of New Jersey are paid.

In some of these cases the newly elected members are at fault, as they neglect to pay their proper dues. In other cases they are not at fault, as they are not informed as to the requirements of "good standing." Sometimes the county treasurer may neglect to insist on the payment of full dues. Again the county secretaries may be "new to the work" and unaware of the requirements necessary to secure for newly elected members all the privileges of "good standing" in a county society.

Whatever the cause may be, these anomalous cases cause considerable confusion, misunderstanding, and much unnecessary correspondence. The secretary of the A. M. A. sees the names of newly elected members in the columns of our Journal and writes to the secretary of M. S. N. J. to know if these names should be included in the list of members in "good standing." Reply is made that the secretary of the M. S. N. J. has not been notified of the election of these men, and that their dues have not been paid. Consequently they are not in "good standing." Very often the newly elected members apply at once to the A. M. A. for membership. Then follows a three-cornered correspondence between the A. M. A., the secretary of the M. S. N. J. and the newly elected member. The secretary of the A. M. A. receives a monthly report from each State secretary containing notice of all deaths, removals, new members, etc., etc.; the State secretary failing to receive notice of these facts, cannot report them; the newly elected members are often much incensed that there should be any delay in their joining the A. M. A.

All of this confusion and correspondence could have been avoided by a proper understanding in the beginning.

It is hoped that these matters will receive consideration by all interested—members proposing candidates, the candidates themselves, the county secretaries and the county treasurers—so that each may be informed as to his duties and promptly discharge the obligations of his position.

W. J. C.

PRIZE ESSAY.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the component (county) societies.

The subject this year is

POLIOMYELITIS ANTERIOR.

The Essay must be signed with an assumed name and have a motto, both of which shall be endorsed on a sealed envelope containing the author's name, residence and component society. The essay shall not contain more than 4,000 words and must be based on personal experience as well as on the study of the literature of the subject, especially with reference to the early clinical manifestations of the disease and its treatment; be characterized by clearness and conciseness of expression and be, in the judgment of the committee, of decided value to the members of the society and the profession generally. Failing in this respect, no award will be made.

The essay, which should be typewritten, with the sealed envelope, must be in the hands of the chairman of the committee—Dr. C. J. Kipp, 560 Broad street, Newark—on or before May 1st, 1911. The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars; to the second, a gold medal of the value of fifty dollars.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essays will be the property of the society and will be published in the Journal.

Charles J. Kipp, Chairman, Newark.
David C. English, New Brunswick.
Stephen Pierson, Morristown.

The man who attempts to practice medicine without drawing on the experience of the profession in the past and without contact with the professional thought of his contemporaries remains ignorant and degenerates into the lower type of charlatan.—Edward Jackson, M. D.

MEDICAL DEFENCE.

It is with the greatest satisfaction we report that the second case of malpractice suits—that against Dr. Charles W. Cropper, of Jersey City—has been fought and won by our State Society through the efficient work of our attorney, Mr. Albert C. Wall, of Jersey City. The first case, after several attempts by the complainant to compromise, was by his counsel withdrawn. This second case went to trial and Dr. Cropper was promptly acquitted. We give below the doctor's letter to Dr. Chandler, recognizing the value of our State Society's aid.

Correspondence.

Medical Defence—Dr. Cropper's Thanks.

Jersey City, N. J., Dec. 16, 1910.

Dear Dr. Chandler:

I am receiving congratulations in all ways by my professional brethren in the verdict secured in the "Strike" case the State Medical Society so kindly assumed for me, and to which I feel much indebted for suggesting, as counsel, the very able and skillful attorney, Mr. Albert C. Wall, of this city.

Every credit is due him for his masterly and dignified management of the case, and you and your confreres may rest assured that all professional interests were particularly well cared for. This is a notable and worthy instance of the care manifested by the State Society for its every member. I am thankful.

Sincerely yours,

Charles W. Cropper.

To Dr. Wm. J. Chandler, Secretary.

Editorials from Medical Journals

Ehrlich's "606."

Editorial in American Medicine, Nov., 1910.

Interest in Ehrlich's "606" continues and the reports that are accumulating from many critical and conscientious observers go far to support the main contentions of the discoverer. At the same time, enough untoward and alarming results have been described to emphasize the fact that much still remains to be learned concerning this powerful remedy. Caution and conservatism are highly desirable in taking up its use, and valuable as it may prove to be when its proper dosage and methods of administration are fully determined, it should be remembered that premature enthusiasm has too often placed a needless handicap on products of real worth and merit.

In the present instance, the attitude of certain American physicians will hardly react to the credit of the profession. Taking advantage of the enormous free advertising which this new arsenic preparation has received, they have shown themselves to be opportunists of the most sordid kind. Up to the present time, every bit of "606" available for use in this country has come through Professor Ehrlich's generosity. In his commendable effort to secure

the widest possible clinical experimentation, small portions of the remedy have been allotted to quite a number of responsible physicians, with the understanding in every case that no part of the remedy be sold, that no charge be made for its use, which obviously would be purely experimental, and that full and absolutely correct reports be rendered to Dr. Ehrlich concerning its action and the results obtained—whether good, bad or indifferent. Fortunately, few of the medical men thus entrusted have been of a calibre to violate the conditions imposed. But of that few, the least said the better. Not only have they used their small supply for their own gain, but they have ignored the essential dosage, in order to extend its use to as many patients as possible. Ehrlich has pointed out the danger of too small doses and claims that these create a special tolerance that precludes any later therapeutic effect from even proper dosage. Thus direct injury has been done to patients, who in most instances have been required to pay large and excessive fees for such improper and injurious treatment.

It is needless to point out that these methods have been in direct contravention to Dr. Ehrlich's restrictions. They outrage every sense of professional decency, and constitute a sad recompense for Dr. Ehrlich's confidence and kindness. The glad feature of the situation is that the physicians who have so violated a professional trust are exceedingly few. The actual culprits are pretty well known and sooner or later they will themselves reap the evil results of their acts. Already they have lost the respect of every one who is aware of their wanton breach of trust—and this to most professional men is a pretty severe punishment.

The quacks, as was expected, have been quick to take advantage of the hopes created by the widespread dissemination in lay publications of information concerning the remarkable efficacy of "606," and the fact that they did not have a particle of the remedy has not deterred them from offering to administer Ehrlich's "606," for as large fees as they could get. It hardly seems possible that any men of even the first instincts of decency could be guilty of such ghoul-like traffic on the sufferings of their fellow beings. And yet it is an assured fact that not a few individuals have had the manifestations of their fearful afflictions removed by ordinary mercurial treatment—at fabulous rates—and falsely secure in their freedom from blemish have gone forth care-free and happy. The criminal character of such methods are all unknown to the unfortunate victim in whose blood still lurks the menace of a disease that sooner or later is certain to manifest itself in some of its frightful forms. More than this, secure in the belief that he is cured, the deceived patient resumes his ordinary manner of living, and discontinues all of the precautionary measures he may have been practicing to avoid infecting others. Therefore, all unwittingly, he may directly convey a loathsome disease to many, or if he marries may impart a terrible curse to his innocent wife and offspring. The whole situation, produced by nothing but the cupidity of the meanest class on earth—medical charlatans—is a fearful arraignment of the lengths to which some men will go for the sake of a few dollars.

As we had occasion to say in our August issue, no blame can be attached to Dr. Ehrlich for the unfortunate evils that have sprung up coincident with the introduction of "606." To the best of his ability he has done everything possible to secure the broadest and most complete knowledge from disinterested sources concerning the action of this powerful arsenic salt. He has not been content to depend on his own observations or base any claims solely on his own results. To be perfectly fair, any of the enthusiasm concerning "606" that has seemed premature or extravagant cannot be laid at the door of Dr. Ehrlich. His attitude and methods throughout can well stand as an example to the profession of the scientific conservative position a true honorable physician should always take. "606" is a remedy that apparently offers new and gratifying possibilities in the treatment of a serious disease, but until its utility has been fully determined and sufficient time has elapsed to justify definite conclusions as to its permanent effects, cautious medical men will not "go off half-cocked," and make any statements that will later have to be modified or retracted. Such experiences always reflect on one's judgment if not one's intelligence.

Judge's Opinion of Expert Testimony.

"What Can Be Done to Improve the Conditions of Medical Expert Testimony?" is the question considered in The Green Bag for September in quoting Judge William Schofield, of the Massachusetts Superior Court, who writes for The Journal of Criminal Law and Criminology. The custom of summoning medical expert witnesses has gradually grown and is "so fully established that it cannot be changed except by legislation." The trial judge may, under special circumstances, order such witnesses called, and they are considered no more than other witnesses. But Judge Schofield does not agree with the position of some bar associations that parties to an action, civil or criminal, have the constitutional right to call such witnesses as they may deem important to the maintenance of their cases. It is denied that there is any provision in Federal or State institutions "which secures to a party the right to select his witnesses." A party has a right to trial by jury, and the right to compulsory process to summon witnesses in his defence, but it is not provided that he select his witnesses.

The control of the subject of expert testimony belongs to the Legislature. But Judge Schofield does not approve of the continental plan by which the State provides an official list of eligible experts. Such a board of experts cannot be made exclusive. By such a plan the "time-honored principle of individual freedom" would be given up. The control of expert medical testimony can be obtained by regulating its compensation instead of establishing an official list. "Large fees and especially large contingent fees, depending upon the result of the litigation, cannot fail to have an influence upon the testimony of medical experts," because they may forget their "obligations as witnesses" and come to feel that they are "employed and paid as advocates." Therefore, it is proposed that compensation be fixed at a reasonable sum for attendance at court and the amount put in the costs, as in the case of other witnesses. Such reasonable sum should be approved by the

court in each case, and "any contract for a larger sum or a contingent fee shall be invalid."

In considering the evils of medical expert testimony, abuse of the right of cross-examination and abuse of the right to put hypothetical questions, Judge Schofield refers to Judge Garrison, of the Supreme Court of New Jersey, who has said that it is useless to look to the courts for a remedy because these evils have grown up in the courts. The blame does not rest wholly upon the trial judges, for in many States they have been deprived by the legislatures of much of the power which they had by the common law.

Shall the Doctor Tell the Truth?

From the Kentucky Medical Journal, December, 1909.

It is eminently desirable that patients and the public in general have full confidence not only in the ability and faithfulness of the physician, but in his veracity as well. Popular opinion charges the doctor with the common practice of deceiving his patient as to his true condition in many serious cases. He stands before the bar of public judgment convicted of a lack of frankness, if not guilty of outright lying. His only defense has been a plea of mitigating circumstances. In most instances, the public will readily acknowledge the validity of this claim and agree that the doctor's deception is usually intended as a means of merciful dealing with the sufferer. Nevertheless, dissimulation in the profession has licensed suspicion and carelessness in the laity and worked harm to both.

Many patients, not seriously ill, doubt the doctor's statement to that effect to their own and the doctor's serious injury. In such instances a reputation for straightforwardness is most valuable, but it must be acquired before it can be possessed.

With the serious cases the situation is even worse. Their proper management and control for the patient's welfare and the welfare of his friends depends upon their sharing the physician's knowledge of the nature and needs of the case. The thoughtless doctor "pooh-poohs" over diphtheria, and the child goes to a party with the natural consequences. He laughs off the morning cough and the patient sees no good reason for fresh air and destroying the sputum, even if both are enjoined. He does not explain the seriousness of a gonorrhea, and the patient continues to sow his wild oats and his gonorrhea together.

The extent to which the physician may deceive his patient for his good, or come short of disclosing the truth to him, will always be as it has ever been a subject of difference between the most upright, both in and out of the profession, not caring to become involved in a haze of moral refinement and reasoning of no practical value, it is still pertinent to inquire whether the times do not demand of us a greater degree of frankness than has seemed wise in the past.

The truth in diagnosis to-day does not carry with it the gloomy prognosis of a quarter century ago in many serious diseases. In tuberculosis, we make the diagnosis earlier and treat even the late cases with better results. In exophthalmic goitre, we operate and save where we temporized and lost. In cancer, the earlier, more radical and safer operation gives a more merciful truth to tell than formerly. The heart is more amenable to treatment now that we have learned the value of rest and refined our drugs that influence heart action. There was a time when a recovery from diphtheria cast doubt on the diagnosis and only a few years ago the patient that died of cerebro-spinal meningitis was more fortunate than the one who lived through it. By reason of the great advances of medicine and surgery, the truth is a kinder and more hopeful story than in earlier times. But all men die and the time comes to each when the prognosis is unfavorable. Shall the truth be told at such a time? There are certainly more reasons for telling and less for withholding the truth than ever in the past.

The fear of death is greatly mitigated in recent years by a kindlier conception of religion. The picture of God as an everwakeful vengeance, waiting the moment of death to thrust the sinner into outer darkness and eternal torment no longer harasses the dying. Uninfluenced by harsh teachings, the approach of death is not dreadful or even unkindly. The progressive deterioration of bodily forces; the slow diminution of the powers of thought, of feeling and of action; the constantly narrowing sphere of interests; the gradual loosening of the grip on life; the increasing weakness and weariness, the augmenting heaviness and torpor; the adding pain and multiplying discomfort, and then the resignation of the dying man, no longer troubled by "the evils we know not of," and the submission of his case, sins and all, willingly, to the Great Physician, who knows and understands.

Death is not feared as in the past. But the increasing complexity of social and business life makes it more necessary that it be anticipated by adequate preparation. For business considerations as well as for moral and religious reasons, no one who has reached the time of business, moral or religious accountability, should be denied the opportunity of preparation.

The capacity of the human mind to adjust itself to adversity, to make the best of a bad matter is usually underestimated. Our patients will and do bear well the burden of an unwelcome truth. Even the condemned criminal usually approaches the ordeal with composure and meets it with tranquility. There is probably more harm in the state of doubt incident to constantly losing ground in the face of hopeful assurances than is ever caused by the shock of a true statement of the case.

In any instance, the responsible members of the family, if not the patient himself, should know the whole truth.—W. W. A.

The Mental Exertion of Manual Labor.

Editorial from the Medical Record, Oct. 1, '10.

The belief is perhaps general that manual labor involves no particular mental strain. On the other hand, one frequently hears it said that mental work prejudicially affects the bodily powers to a much greater extent than does manual labor. Although there is a considerable

amount of truth in the statement it must be accepted with certain distinct modifications, for even those who literally earn their daily bread by the sweat of their brow are not wholly exempt from brain travail. A correspondent of the London Times, August 29, argues the case ably for the man with the hoe or axe. He points out that it is impossible to draw a precise line between mental and manual work. Physiologically all work is brain work. All fatigue is really brain fatigue. In other words, all labor is skilled labor, though in greatly varying degrees. The navvy with his pick and shovel has to use skill; so does the docker, loading or unloading barrels, cases and bales. There are men who are so constantly engaged in carrying out one little process that they do the work instinctively, almost automatically. The exercise of their skill requires little exertion of body or mind. On the other hand, the watchmaker or the engineer has to keep his mind continually on his work, and although he must use his hands all the time, his brain is being exerted more than his body. Many indoor trades requiring skill need the employment of brains rather than of physical force. But even the horny-handed son of toil, as the Italian who digs, and delves, and blasts, and the countryman who toils on the land, in these days of machinery must use a good deal of intelligent, as well as expend much bodily, energy. Indeed, it is obvious that brains are required in all trades and possibly on the whole nearly as much mental power is used by the man who works with his hands as he who mainly uses his brains. The professional man or the business man is generally brought up and educated for his work and thus his brains are trained, while the uneducated individual has, so to speak, to work his brains more, in that they are untrained. Whether it be work of brain or hand, so long as it is not carried to excess, it is healthy. No healthy man has ever been killed by hard work within reasonable limits, of any kind. More have rusted to death than have been worn out. The work which kills at the present time is the abuse of work, the rush and strain of modern conditions, and, above all, worry, the curse of modern times. The person who works at hard manual labor has several advantages. As a rule, he labors in the open air, and provided that he earns sufficient to support himself and family in comfort he is free from worry and he is free from responsibility which usually brings worry in its train. Nevertheless, the brain worker must not lay the flattering unction to his soul that he possesses a monopoly of mental exertion. Moreover in this, as in every case, the personal equation must be considered.

The Medical Profession Shown to be Possessed of Political Influence.

Editorial from the Illinois Medical Journal, December, 1910.

As anticipated in our previous issues the recent elections have shown that the members of the medical profession of Illinois have a well marked influence at the polls. In the primaries several gentlemen who had made themselves obnoxious failed to gain a place on the ticket and at the general election several who had been placed were elected to stay at home as the result of the activity of the organized profession. In no part of the State was this better shown than in the capital district composed of Sangamon and Morgan counties and numbered 45. One of the candidates for Senator had made himself especially obnoxious by pressing a number of mal-practice suits against members of the profession, and as a result he was beaten by a large majority. One of the candidates for the lower house was Dr. James M. Bell, of Rochester, for whom the profession of the entire district "plumped" and urged their friends to vote. There is no question that he owes his election to this effort. His election is made all the more remarkable when it is known that all three of the members elect are from Sangamon County.

"606" in Treatment of Venereal Diseases.

Dr. J. R. McDonagh in the Practitioner, London, reports that of twenty patients treated with Ehrlich's "606," in only one was there albuminuria, which appeared a few days after the injection but did not last longer than twenty-four hours. Two individuals had a localized toxic edema of one buttock, which quickly resolved under frequent applications of lead lotion.

Dr. K. Zieler, in Deutsche med. Woch., mentions that hemoptysis seemed to have been brought on by the injection of "606" in a case of secondary syphilis with concomitant apical tuberculosis, and he warns that this possibility should be borne in mind. In tertiary syphilis the action of the new remedy did not seem to surpass that of mercury, and in some cases was distinctly inferior. Its special field, he thinks, will be in cases refractory to mercury, but here the "606" is liable to fail also. With recent syphilis the "606" seems to act more rapidly and with greater intensity than mercury, he says, and the fact that it is impossible to kill all the spirochetes at one stroke is of minor importance. Ehrlich's hope that this might be accomplished has already been realized with relapsing fever.

Editorials from the Lay Press.

Dr. Osler's Challenge.

Editorial from the Daily State Gazette, Trenton

One of the recent lectures of Dr William Osler, formerly of Johns Hopkins University and now Regius professor at Oxford University, deals with the redemption of mankind by man. A great deal of sound and philosophical comment upon the advance made by the scientific physician is compressed into this short paper, but it deals most effectively with the work accomplished by the great discoveries of preventive medicine and sanitary engineering.

In a paper that is absorbing in its interest to the thoughtful reader, perhaps the most popular chord is struck in Dr. Osler's challenge to the anti-vaccinationists. In brief, Dr. Osler proposes that he shall take nine other vaccinated men into the next smallpox epidemic and stay through it if a like number of anti-vaccinationists will accompany him. Dr. Osler desires that the latter group shall be composed as follows: Three members of Parliament, three

physicians and four anti-vaccination propagandists.

What the outcome of the experiment will be is indicated conclusively in the latter part of the proposition in which Dr. Osler pledges himself and his companions to care for the anti-vaccinationists when they are taken ill with the disease, without jibing and jeering them upon their condition, and to bury with all the pomp and circumstance the most exacting may wish the four or five of them who will succumb to the ravages of the disease.

This is not the loose talk of a boastful layman, but the serious announcement of a scientist who is recognized as the greatest physician of the English-speaking world. Will this challenge be accepted?

Study Shatters Health of 50,000 Pupils Yearly.

From the Bayonne Daily Times.

Greenwich, Conn., July 15.—"The whole country seems to have gone mad over this mental cramming process called education," said Dr. E. S. Vail, of Enfield, in an address to the Connecticut Alienists' Association here. "When," he asked, "shall we awaken to the danger of the wrongs that are inflicted on our children in these days?"

As a result the association, which was being entertained by Dr. H. M. Hitchcock, of this town, at the Indian Harbor Yacht Club, appointed Dr. Vail, Dr. F. H. Barnes, of Stamford, and Judge M. C. Downes, of Stamford, a committee to investigate the methods of education in the public schools. This is the beginning of a campaign proposed against "mental cramming."

Conservative medical men, it was said, who have given their lives to the study of children, place the number whose health is shattered in this country each year by overwork in schools at more than 50,000.

Prolonged daily musical practice and long training in drawing, were especially condemned. Many of the things learned would never be of use in after life, and useful, practical things were often passed over as worthy of little attention. Thousands of women were living out their lives in asylums and sanatoriums because their nervous systems had been destroyed by overstudy in youth.

Worrying about Microbes.

Editorial from the Newark Evening News, December 21st.

Dr. Alvah H. Doty, health officer of the port of New York, is entitled to the thanks of the 7,000,000 citizens within the metropolitan district, and of many more besides. He lifts untold millions of microbes, as it were, off the minds and bodies of all sensitive and anxious individuals, by saying that the influence and activity of these organisms, as agents of destruction of health and life, have been absurdly exaggerated. Generally speaking, he substantially states, there is no need to worry about them. This sounds like common sense, because the vast majority of people know nothing whatever about microbes and, therefore, don't worry about them. And such people live and move and have their being, and are, as a rule, a sturdy, healthy lot. According to modern discoveries there are microbes everywhere. There are millions of them on every bank note, on every trolley car strap, on all lips however kissable, on every tongue, in every part of every human system, in the streets, in the houses—in fact there's no space or place that hasn't its microbes. Now this knowledge may be made useful by doctors and sanitarians, or it may be made a frightful bugaboo by the unlearned, the timid and the supersensitive. One thing seems certain: the great majority of these organisms are practically harmless. Don't think about them. Don't fret about them. Our forefathers knew nothing of them, yet they lived to a grand old age. Keep clean, breathe fresh air, take exercise, eat nutritious food and the microbes are not likely to hurt you.

Pushing things along at Skillman.

From the Newark Evening News, Dec. 5th.

Skillman is the location of the Village of Epileptics under State charge. After several years of arduous labor and effort with our legislators at Trenton, those interested have finally succeeded in getting under way plans for putting up an additional building at the village in which will be housed the feeble-minded men now taken care of at Vineland. The urgent necessity of pushing this building along and getting it ready for occupancy; of placing this matter before the commissioner of charities, under whose authority and supervision this building will be erected; of urging its early completion, does not impress the citizens of the State or of Esesx County in any serious way until their attention is recalled to several matters, the memory of which may not be as vivid as it was in the days of the Connors boy agitation. But there is need of that building, and early need of it, in order that room may be made in Vineland for a number of patients waiting, the largest proportion of them in Essex County and in Hudson County.

An excellent law recently passed for the permanent detention of the feeble-minded in institutions, a law the excellency of which will appear to every one who gives the matter serious thought at all, have resulted in the crowding of the Vineland institution, which was originally designed for girls and boys, by adult patients. When the new building at Skillman is finished these adults will be transferred to it and give room at Vineland for the reception of those waiting.

And this waiting list, the most pathetic waiting list in all the world, is large. The population at the Vineland institution is about 400. The waiting list is over half that number. Much over half that number. And of that half nearly one-fifth is waiting in Essex County. That is why Essex County is interested in pushing along to its earliest completion the building at Skillman. And the pathos of that waiting list! Listen to it: A father writes: "I feel like a condemned man who is carrying his case to the last court of appeals. If you cannot help me then indeed there is no help for me except that of God Almighty." And a mother writes: "It will break my heart to part with John ——, but I cannot bear to go (to the hospital) without my boy having care." To those who know of it this is indeed the most pathetic waiting list in all the world, and many of these cases are as urgent as was that of the Connors boy in his day, a case that will be remembered in con-

nection with the old Orange Poor Farm, which at that time was the only place where the boy could be given shelter at all.

There is need of that building at Skillman.

Therapeutic Notes.

When to Take Medicine.

Alkalies, iodine and the iodides, according to the Medical Summary, are better given when the stomach is empty and they diffuse more rapidly into the blood. If given during digestion the acids and starch alter and weaken the process. When it is desired to give acids they will be found to be more readily diffused into the blood between the digestive acts. Acidity of the stomach or an excess of gastric juices are remedied by taking acid before meals. Irritating and powerful drugs should be given directly after food. Among this class we may mention the salts of arsenic, copper, zinc and iron, except where local conditions require their administration in small doses before meals. Silver preparations should be given after the process of digestion is ended; if given during digestion chemical reactions destroy or impair their special attributes and defeat the object for which they were prescribed. Alcohol, tannin and metallic salts, especially corrosive sublimate, disturb digestion and should, therefore, be administered during its greatest period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or immediately after food so that they may enter the blood with the products of digestion.

Angina Pectoris—Nature and Treatment of

Ten cases are reported by A. Morrison in The Lancet, January 8, 1910. He says that we have not as yet complete knowledge of the anatomy of this condition. Endocarditic cases may be found in the young, while degenerative cases generally affect later life. Thrombosis of a coronary artery may be associated with a persistent and severe cardiac colic. The condition may arise from a partial cramp of the cardiac musculature. It may be a general psychical disorder supervening on local anginous symptoms. Hence the character and situation of the conditions which originate angina vary, and if like other viscera the heart is endowed with low sensibility to handling and other modes of external irritation, it may in the presence of a lesion of its internal surfaces or severe stimulation of its nervous endowment, by compression or otherwise, reveal evidences of sensibility as well marked as do other viscera in their interior and under circumstances which may be regarded as analagous. The author believes that in all marked cases of angina pectoris the site of referred pain is one or other portions of the heart itself. Peripheral vascular spasm as a preliminary event is rare. It may occur as a secondary and aggravating event, as also may a condition of vascular laxity due to inhibited ventricular systole, the consequence, he believes, of pneumogastric shock. The attack of angina in valvular disease is frequently relieved by the nitrites. In non-valvular angina we need morphine and atropine, or even a general anesthetic. All the forms of over-exertion must be avoided. Good results sometimes follow the iodides and mercurials. The attacks with valvular disease frequently occur during periods of defective compensation when we are not dealing with a hypermyotic heart. In this series the blood content of the heart plays a part. The treatment, therefore, of this condition of comparative cardiac failure on recognized lines is that indicated during periods of greater anginous distress. In the case of the hypermyotic heart when anginous symptoms supervene, tend to increase, and become persistent, further measures may become necessary. The cause of death in angina pectoris is, according to the author, the inhibition of cardiac action by the shock of pain. The heart may rapidly cease to beat and die in diastole, or death may be postponed somewhat longer, the organ passing into a feeble tachycardia very suggestive of the fibrillary tremor in the cardiac action of animals killed experimentally by intensive or repeated electrical shocks.—Medical Record.

Cystitis—Acute.

Dr. Lydston recommends:

℞ Potass. acetat.,
Ext. buchu fol.,
Spts. æther. nit., of each ℥j.
Codeinæ sulph., gr. iv.
Infus. triticum repens, q. s. ad xvj.

M. Sig.: The dose is one-half ounce every three hours.

It is claimed to be a powerful diuretic and anodyne.—American Journal Clinical Medicine.

Dysentery—Amoebic.

Dr. F. W. Dudley, Manila, P. I., reports in Surgery, Gynecology and Obstetrics, August, 1910, that he has treated several hundred cases of amebic dysentery since 1899, by both the colonic irrigation treatment and the ipecac method, and has found the latter treatment to be more prompt and sure in its effect. The ipecac treatment he found prompt and efficient. If instituted at an early state, the patient does not have to be confined to home or hospital for more than 5 or 6 days and the treatment seldom needs to be repeated unless there hss been a reinfection. The method of administration of ipecac-uanha, with some important modifications, is that described by Manson. A preliminary dose of castor oil and laudanum is given and the patient put on a milk diet. After abstaining for 4 hours from both food and water, 2 grams of ipecac are given, in 6 pills, with just as little water as possible. The patient must lie on the back in bed, in a dark room, and should not be allowed to talk or be in any way molested. No food or liquid should be taken for 8 hours after taking the medicine. After the 8 hours are up the patient may take milk and water liberally until 4 hours before the time for the next dose. Dudley usually has the patient fast from 4 p. m. and gives the pills at 8 p. m. In this way food may be taken during a good part of the day. If the pills are so made that they will pass out of the stomach without dissolving, the preliminary dose of tincture of opium and the mustard plaster to the stomach may be dispensed with without fear of nausea. If at any time nausea should occur an ice bag about the throat gives most relief.

Grams 1.650 are given on the second day; 1.325 on the third; 1.0 on the fourth; 0.650 on the fifth, and 0.325 on the sixth day. The patient is now put on light diet and a 0.325 gm. pill is given for 6 days longer, when the cure is usually complete, although in some cases it may be necessary to continue for 12 days.

In this method of administration the making of the pills is a very important matter, Dudley says. The pill mass is best made with the extract of glycrrhiza. The pills are then coated heavy with salol or enclosed in kreatinized capsules. If kreatinized capsules be not at hand the pill mass may be put in the ordinary gelatin capsules and the space between cover and body of the capsule sealed with a little liquid gelatin. The capsules are then placed in a Petri dish and a few drops of formalin are put in a dish so as not to touch the capsules. The cover is then placed on and allowed to remain for about 8 hours. The capsules should be exposed to the air for 6 or 8 hours before use, as otherwise they will prove irritating to the stomach. This method of treatment has proved of value in the catarrhal, bacillary, amebic and balantidium forms of dysentery and in diarrhea.

Foetor of Breath.

℞ Thymolis, gr. viij.
Alcoholis, f℥j.
Glycerini, f℥iv.
Formaldehydi (40 per cent.), gtt. viij.
Aquæ, ad. f℥iij.—(Medical Summary.)

Goiter—Use of Iodides in.

Dr. W. O. Bridges, of Omaha, writing to the editor of the A. M. A. Journal, in reference to the use of iodides in the treatment of Goiter, says:

"Many years ago, I followed out this treatment to some extent without seeing any benefit from it, but I have seen several cases, in both my own and outside practice, in which I believe the iodids converted the simple goiter into exophthalmic goiter. One of these cases, which I saw two years ago, gave such positive evidence of this, that the attending physician who had administered iodids to the patient was convinced of this influence. Strange as it may seem, in the same issue of The Journal, p. 1329, in an abstract from the Archiv fur klinische Chirurgie, Kocher is reported as believing that extensive iodid treatment is responsible for the development of exophthalmic goiter in more cases than is generally recognized, stating that this iodin-Basedow, as he calls it, is a frequent form of exophthalmic goiter. He describes a case in which the thyroid was over 160 grams in weight and contained a small part of a gram of iodid. The patient had a simple goiter for nearly seven years and applied local inunction of a mixture containing iodid. In four weeks she lost 16 pounds; then typical exophthalmic syndromes developed.

"For the past eight or ten years I have refrained from the use of iodid or thyroid extract in all cases of simple goiter, fearing the influence toward the more serious disease. Under the use of many different kinds of treatment other than iodid in simple goiter I have known of favorable results, but only a few, and also without any treatment at all. The gland will sometimes decrease in size, and again increase independently of any treatment."

The editor of the Journal, replying to the above, says:

"Our correspondent's caution as to the use of the iodids, even in undoubted simple goiter, is pertinent and valuable. It should be carefully determined whether a condition of hypothyroidism or hyperthyroidism exists before iodids or thyroid are administered. But a reading of the question and answer referred to above will show that we did not 'recommend' iodids, our statement being: 'It seems to be the opinion of many authors that iodids are the best agents for the condition,' etc. We simply attempted to give an enumeration of different approved agents and methods used, without recommending any. We fear our correspondent did not carefully read the article by Kocher to which he refers, as it is said therein that all goiters should be removed which do not yield in a few weeks to careful treatment with iodid in small doses. It will thus be seen that Kocher himself suggests the use of iodids. It is no doubt true, however, that the continued use of the iodids in considerable dosage in any form of goiter would not be advisable, as seems to be proved by the experience of Dr. Bridges and others."

Hemoptysis—Treatment of.

Dr. K. Blumel, in Medizinische Klinik, Berlin, concludes his discussion of treatment of hemoptysis with the statement that salt is the most reliable means at our command for controlling hemoptysis. It overflows the existing osmotic balance and fluids then pour from the tissues into the excessively salty blood, bringing with them the thrombokinase, the substance which promotes coagulation in the blood. It has been found that 10 minutes after ingestion of 10 gm. of salt by the mouth the coagulation time was reduced from 3¾ to 1½ minutes and to 1 minute after another 10 minutes. This hemostypic action of sodium chlorid has been utilized by von den Velden in several hundred cases of inaccessible hemorrhage, hemoptysis, gastro-intestinal hemorrhage, etc., and the results were invariably equally good, as also in Blumel's and Reiche's experience. Blumel advises the physician called to a case of hemoptysis to insist on physical and psychic repose, the patient reclining in bed with the shoulders raised to promote expectoration. He must not be allowed to speak or to make any hasty movement and must remain in bed for several days after the sputum has ceased to show traces of blood. If the calm soothing words of the physician are not sufficient to tranquilize the patient, an ice bag should be applied to the heart or 20 grains of sodium or potassium bromid should be given. The ice bag helps to keep the patient still, if it does no other good, but it is not needed, of course in every case. The application of adhesive plaster to immobilize the lung generally wearies and excites the patient unnecessarily. To check the cough if there is not much expectoration he gives 3 grains of Dover's powder, if the patient is unable to control the cough himself, or some other sedative, repeating the dose at night, but never giving a sedative early in the morning as expectoration should be favored at this time. The temperature must be taken six times a day and the sputum collected to show to the physician. The food need not be changed if gas-generating and very cold substances are avoid-

ed. The room must be kept moderately cool and frequently aired. If the hemorrhage still persists when the physician arrives, he should give at once a heaping teaspoonful of salt in half a glass of water, and if the hemorrhage recurs or threatens, repeat the dose, alternating bromid at intervals of 1½ or 3 hours, as required. If the hemorrhage is very profuse, the limbs may be ligated as an adjuvant—handkerchiefs answer the purpose but the constriction must not be too tight; the aim is to permit the arterial blood to flow into the limb. The greatest care must be exercised in undoing the ligature. If conditions are particularly threatening he advises an intravenous injection of 5 c.c. (81 minims) of a sterile 10 per cent. salt solution. A single dose of horse serum may be used also in these circumstances, but it should not be repeated. The coagulating power of the blood may also be promoted, he adds, by a single subcutaneous injection of a sterile 10 per cent. solution of gelatin, repeated as needed. Ingestion of 5 gm. calcium lactate in 50 c.c. water, this dose repeated in 5 or 6 hours, may also be advised. If the patient is suffocating from clots in the throat they should be removed, artificial respiration applied or an emetic administered. Saline infusion is contraindicated so long as the hemorrhage continues. The physician must never forget that the hemoptysis is merely a symptom and the cause must be sought. Blumel also adds a word of warning against the use of scopolamin and morphin as they have a paralyzing action on the reflexes so that suffocation is liable to ensue, to say nothing of the aspiration pneumonia that may follow.

Splenic Leukemia—Successfully Treated.

Dr. G. W. Strobell, of Rutland, Vt., reported this case at the annual meeting of the American Electrotherapeutic Association at Saratoga, N. Y., in September: Fowler's solution, Blaud's iron mass, and blue mass were used. X-ray treatments were made over the spleen, alternating with chlorine cataphoresis, the treatments each day concluding with static insulation. By the end of the fourth week the patient declared she had not felt so well for twenty years. The myelocytes were reduced from 50 to 15 per cent., and the size of the spleen was reduced two-thirds. At the end of the second month the spleen, which had been the size of a man's head, was scarcely to be felt.

Ringworm.

For inveterate and extensive cases Abraham, in the October Practitioner, London, recommends the Rœntgen rays. Other old as well as recent cases have done well with an ointment of pyrogallic acid, of from 5 to 10 per cent. or a phenol and salicylic acid ointment, of each ʒi. to the ounce; others, again, do well with cupric oleate. A composition that he has used much is:

℞ Cupri oleati ..... ℥ss
Acidi carbolici liq..... ʒj
Acidi salicylici ..... ʒj
Pariffini mollis ..... ℥ss-ʒj

For very small patches he uses biniodid and other mercurial ointments. The alkaline and alkaline earthy sulphids, which have a debilatory effect, are also useful either in ointments or strong solutions, and Abraham believes that the solution of ammonium sulphid would be used far more frequently than it is to produce a temporary alopecia were it not for its evil odor. Abraham recommends that in addition to keeping the whole head shaved, or with the hair cut very close and, so far as possible, always covered with some germicide ointment, that the cheapest caps and hats be procured and burnt after a comparatively short use. In his opinion, a thorough washing with an antiseptic soap once a week, while under treatment with ointments, is quite enough—the ointment to be rubbed in all over directly the scalp is dry. Cataphoresis and the use of formalin he found too painful to the patient and even harmful, hence he has discarded these methods of treatment.

Tender Feet.

℞ Acidi Salicylici, ʒiss.
Sodii biboratis, ʒiij.
Glycerini,
Aquæ, of each, f℥iv.
M. Sig.: Rub on the feet night and morning. (American Journal Clinical Medicine.)

Don't allow anybody to use warm enemata habitually. They cause muscular atonicity and the patient's later state is worse than the earlier. Cold water exerts a contrary effect and is a wholly rational practice.

Hospitals.

Camden Municipal Hospital.

The special committee of City Council appointed to work in conjunction with the Board of Health, with reference to the erection of the Municipal Hospital, December 12th, awarded the contract to John A. Carter Company, of Philadelphia, for $33,900.

The building is to be located near Wood-Lynne and the present municipal buildings that were built during the smallpox epidemic several years ago. The site cost $9,000.

Charity Hospital at Lakewood.

It was announced December 16th, that George J. Gould and others will in the near future erect a large and up-to-date charity hospital and nurses' home combined at Lakewood. The land for the proposed buildings was given by Captain A. M. Bradshaw, and is a few blocks north of the village. The hospital will be built in sections, each section to be equipped as fast as the former is completed and in working order.

It is said the hospital will be one of the largest and best equipped charitable institutions of its kind in New Jersey, and that it will cost $200,000.

Christ Hospital, Jersey City.

A kirmess for the benefit of Christ Hospital will be held in Elks' Hall, Jersey City, January 11-14, 1911, under the direction of many of the most prominent ladies of Jersey City, and is expected to yield a large amount for the hospital.

Cooper Hospital, Camden.

The new addition to the Cooper Hospital is rapidly nearing completion, and is designed to afford increased rooms for private patients and to accommodate the out-door patient department.

Mercer Hospital Board's Banquet.

The annual meeting and banquet of the medical board of Mercer Hospital was held December 12th, at the Trenton Country Club. There were thirty physicians present, including the members of the board and their guests.

All the old directors were re-elected to their respective positions. Dr. Henry A. Cotton, medical director of the State Hospital for the Insane, was elected consulting neurologist. He is an addition to the board.

At the conclusion of the business meeting the board gave a banquet to the assistants and auxiliary staff of the hospital. The diners were entertained with moving pictures and vocal and instrumental selections.

Mercer Hospital Staff.

Acting upon a recommendation by the Medical Board the board of directors of Mercer Hospital at its meeting December 20th, created the new staff position of consulting neurologist, and received the nomination of Dr. Henry A. Cotton, medical director at the State Hospital for the Insane, to fill the position.

The other nominations to staff positions for the year beginning February 1, 1911, were as follows: Medical director, Dr. George H. Parker; consulting physicians, Dr. Samuel S. Stryker and Dr. William A. Clark; consulting surgeons, Dr. Joseph M. Wells and Dr. Thomas H. Mackenzie; attending physicians, Dr. George R. Moore, Dr. Paul Cort, Dr. George M. Ridgeway and Dr. Henry M. Beatty; attending surgeons, Dr. Nelson B. Oliphant, Dr. George H. Parker and Dr. David B. Ackley; gynecologists, Dr. Joseph B. Shaw and Dr. Edward S. Hawke; ophthalmologists, Dr. Charles Franklin Adams and Dr. Charles J. Craythorn; rœntgenologist, Dr. Charles H. Holcombe; pathologist, Dr. Frederick S. Hammond; assistant medical staff, Dr. Frank Harris, Dr. H. Norton Parker, Dr. Paul E. Kuhl and Dr. William A. Newell; assistant surgical staff, Dr. Frank G. Scammell, Dr. Clarence J. Slack and Dr. Royden W. Davison; assistant gynecological, Dr. Robert H. C. Phillips and Dr. A. Dunbar Hutchinson; assistant ophthalmological, Dr. Dikran M. Yazaujian. The following auxiliary staff was appointed: Medical, Dr. Frederick S. Watson and Dr. Walter A. Taylor; surgical, Dr. Wilbur Watts, Dr. William A. Newell and Dr. Peter E. Kuhl; eye, ear, nose and throat, Dr. H. Norton Parker and Dr. Dikran M. Yazaujian; pathological, Dr. Charles H. Waters.

McKinley Hospital, Trenton.

One thousand eight hundred and fifty dollars was the amount cleared from the fair and bazaar held last month for the benefit of McKinley Hospital by the Ladies' Aid Association, of which Mrs. C. S. Martindell was chairman.

North Hudson Hospital.

This hospital has recently received the following donations: $100 from Mrs. Foerster, of Montclair, in memory of her son Robert; $100 from the Third Ward Democratic Club of West Hoboken; $50 from Dr. Louis E. Poole, of the hospital staff, for the erection of an enclosure over the ambulance driveway.

Dr. Louis C. Lange, of West Hoboken, has been appointed assistant surgeon at the hospital.

St. Francis Hospital, Jersey City.

The Sisters who have charge of St. Francis Hospital, on East Hamilton Square, Jersey City, last month purchased a new ambulance for the use of the hospital. The ambulance is most perfect in its make up and rides so easily that the sick or dying in it will not, in being transferred to the hospital, receive one jolt. There are a number of acetylene gas lights in the wagon. These lamps may be lighted, giving the interne on the ambulance a chance to work comfortably with the patient. The new ambulance is also much wider than the old one. There is much more room in it for a doctor to work with a patient. The ambulance, which is by far the prettiest that any hospital has in the State, can be closed up in winter and kept warm by means of a heating apparatus. In summer it can be thrown open. The new ambulance cost $900.

St. Francis Hospital, Trenton.

The Thanksgiving Day offering for this hospital amounted to over $450, besides many contributions of clothing, food, etc.

St. Mary's Hospital, Hoboken.

The Thanksgiving Day Fund Committee of this hospital amounted to $13,268. Mayor Gaynor, of New York City, in sending his check for $100, said: "My one wish the morning I left their hospital was that I were able to pay off their entire debt. Up to the time that I was taken to the hospital I had only a vague notion, like that common to all who have had no hospital experience, that there were such noble women in the world who devote all their time gratis to the nursing of the sick and wounded in hospitals. What would the world do without them?"

The formal presentation of the Gaynor Hospital Fund, amounting to $15,184, was made December 18th, by John D. Crimmins, on behalf of the thanksgiving committee of citizens of this city, to the Sisters of St. Mary's Hospital, in Hoboken, where Mayor Gaynor was a patient for several weeks after he was shot down last August. Father William R. Ahne, chaplain of the hospital, accepted the gift on behalf of the Sisters. It was in the form of two checks on the Columbia Trust Company, of No. 135 Broadway. One check, for $5,000, will be used for the endowment of a bed in the hospital, to be known as the "Gaynor bed," and the balance, of $10,184, will be added to the general fund for hospital expenses.

New York County Tuberculosis Hospital.

The first dozen of counties in New York State to vote to establish tuberculosis hospitals, under the provision of the Hamilton-Whitney law, passed last year, was completed December 12th, when Montgomery County decided to build such an institution. According to the State Chari-

ties Aid Association of New York City, which, in co-operation with the State Department of Health, is conducting the campaign for the establishment of these hospitals, this makes the third county within a week to decide this question favorably. The association predicted that ten more would vote favorably by January 1st, 1911.

Philadelphia's Liberal Budget for Hospitals, Etc.

The Council's Committee on Health and Charities has approved the budget of the department of Health and Charities for 1911, in which Dr. Joseph S. Neff asks an appropriation of $7,127,562 as compared with an appropriation for the current year of $1,016,393. The budget includes an item of $5,000,000 for hospital buildings for the insane on the 800 acres of city land at Byeberry; an item of $100,000 for the Home for the Feeble-Minded; $150,000 for new boilers, dynamos and buildings at the General Hospital; $35,000 for additional fireproof bridges at the Philadelphia General Hospital, and $15,000 for a tuberculosis sanatorium at Byeberry.

Children's Seashore House.

The improvement in chronic cases sent to the Children's Seashore House, Annapolis and Atlantic avenues, Atlantic City, N. J., chiefly from the hospitals of Philadelphia, in January, 1910, has led the management to keep it open the year round. Tuberculous cases are given preference, both in admission and length of stay, but convalescents from acute diseases and other children likely to be benefited by a short stay at the seashore will also be received as there may be room. Cases of advanced pulmonary tuberculosis are not received. Only children between 4 and 12 years of age can be admitted in the winter. Those able to pay are charged $2 a week or less, but no child will be refused admission because of inability to pay.

Married.

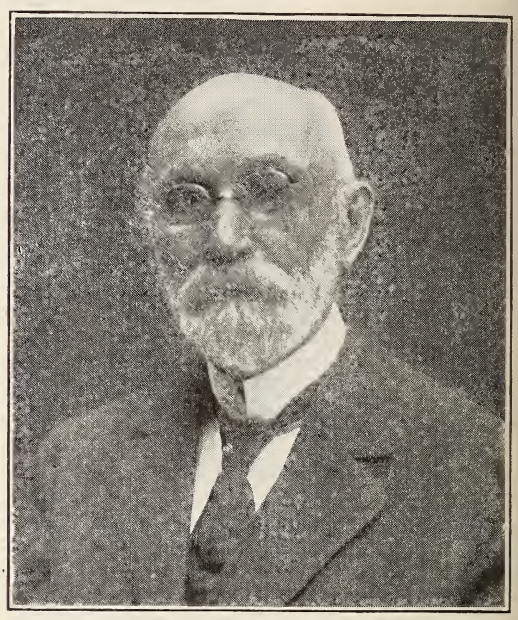
BROUWER—KIRK—At Toms River, N. J., November 24, 1910, Dr. Frank Brouwer to Mrs. Alida Kirk, both of Toms River.

Deaths.

FINN.—At Jersey City, November 19, 1910, Joseph Francis Finn, A. M., M. D., aged 77 years, from acute colycystitis.

Dr. Finn was the oldest practitioner in Hudson County. He was a member of the Hudson County Medical Society, of the Medical Society of New Jersey and of the American Medical Association.

He was born in Brooklyn, N. Y., in 1833, where he received his early preliminary education. His father, at that time, was professor of Latin and mathematics in one of the local schools. At the age of 17 he received the degree of A. B., at St. Francis Xavier College, Cincinnati. He began his medical studies at the College of Physicians and Surgeons, New York City, where he received, with honors, the degree of M. D. in the year 1854. Upon graduation, he served as house physician of the Brooklyn City Hospital, which position he held until appointed resident physician of Charity Hospital, Blackwell's Island, New York.



JOSEPH F. FINN, M. D.

On the completion of this hospital training, he moved to Jersey City and began active practice in the Greenville section. Here his endeavors were unceasing, having the broad field covering practically the whole county, as there were but few physicians there at that time. In the year 1857 he was appointed county physician of Hudson County, being elected the first county physician. This office he ably filled for a period of ten years. At this time he was appointed attending physician to St. Francis Hospital, Jersey City, and was connected with that hospital for thirteen years. During this period he was intimately associated with Drs. Theodore Varick, Nathan Bozeman, B. A. Watson and Frederick Payne, all men of the highest standing and loyalty to their professional brethren. Later he was associated with the Bayonne Hospital as consulting physician. In this later period his activities were directed in both private and public service. In 1897 he was appointed director of the Board of Education of Jersey City, holding office for two years, at the end of which time he was reappointed for another term. During all these years of toil he was ever held in the highest public and private esteem as a man of marked ability, sincere integrity and truly loyal to his professional associates. In 1907 the Hudson County Medical Society showed their affection by making him their guest of honor at the annual banquet.

As a philanthropist he was ever ready and eager to graciously extend a generous hand to the poor and needy. His true Christian spirit of good will and beneficence was always a beacon of encouragement to all those with whom he came in contact. He was a perfect type of the real, true physician.

His loss will be keenly felt by many who knew and appreciated him at his true worth.

He is survived by a widow and two sons, J.

Frank Finn, counsellor-at-law, and Dr. Frederick A. Finn, a practicing physician in Jersey City.

HARRIS—In San Juan, Porto Rico, in November, 1910, Dr. Jane Howell Harris.

Dr. Harris had lived in Montclair the greater part of her life. After graduating from the Montclair High School she took her degree of doctor of medicine at the Women's Medical College, New York City. Dr. Harris had been practicing her profession in Porto Rico for the past eight years. Death was caused by pneumonia. She was ill only a few days.

MILLER—At Camden, N. J., November 22, 1910, Mrs. Sara Sharp Miller, wife of Dr. William E. Miller, of Camden.

WEBB—At Island Heights, N. J., November 13, 1910, Dr. John W. Webb, aged 81 years.

Dr. Webb graduated at Jefferson Medical College, Philadelphia, in 1866.

WOOLSTON.—At Marlton, N. J., December 17, 1910, Dr. Elijah B. Woolston, aged 77 years, of apoplexy.

Dr. Woolston graduated at the Medical Department of the University of Pennsylvania in 1854. He was a member of the Camden County Medical Society and the Medical Society of New Jersey. He retired from practice a few years ago.

Personal Notes.

Dr. Charles P. Britton, Trenton, was recently re-elected one of the directors of the Masonic Hall Association of Trenton.

Dr. Grafton E. Day, Collingswood, delivered an address in "The New Freedom" at the Linden Baptist Church, Camden. He read a paper on "Infantile Paralysis" at the December meeting of the Camden County Medical Society.

Dr. Henry L. Coit, Newark, was appointed one of the delegates to represent the American Association for the Study and Prevention of Infant Mortality at the Third International Congress for the Study and Prevention of Infant Mortality, which meets in Berlin this year.

Drs. Gordon K. Dickinson and George E. McLaughlin, Jersey City, were legatees under the will of Mrs. Harrison, wife of Edlow T. Harrison, C. E., of Jersey City.

Dr. William A. Davis, Camden, passed several weeks at Jackson, Miss.

Dr. William B. Graves, East Orange, spent a few weeks recently in the North Carolina woods for rest and recreation.

Dr. Irwin H. Hance, Lakewood, is president of the local Y. M. C. A.

Dr. Ernest G. Hummel, Camden, has an excellent paper in The Journal of the Camden County Medical Society, December, 1910, entitled "Some Thoughts Regarding the Care of the Bottle-fed Baby."

Dr. Alexander McAlister, Camden, delivered a lecture before the Parents' Association of Lincoln School, Camden, November 30, 1910, on "Food Value."

Dr. Josiah Meigh, Bernardsville, received a severe injury by his automobile turning turtle, when he was pinned beneath it and extracted with difficulty.

Dr. William H. Merrill, South Branch, completed last month the medical inspection of the schools of Readington Township.

Dr. Leonidas L. Mial, Morristown, and wife returned home December 1st from Raleigh, N. C., where they spent the month of November.

Dr. William D. Miningham, Newark, recently started on a trip around the world.

Dr. John H. Moore, Bridgeton, fractured one of the bones of his foot recently by an accident in his home.

Dr. Anna B. Newton, South Orange, on December 5th addressed the teachers of the local schools on "The Responsibility of Teachers with Reference to the Health of the Pupils."

Dr. Howard F. Palm, Camden, made a big haul of rabbits recently gunning on the meadowland near Woodbury, N. J.

Dr. Orris W. Saunders, Camden, was elected one of the coroners of Camden County, at the recent election.

Dr. Daniel Strock, Camden, has an able editorial in the Camden County Medical Journal on "The Contract Practice Crusade."

Dr. H. Genet Taylor, Camden, was one of the honored guests at the meeting of the Philadelphia Medical Club, held October 21, 1910. The doctor has completed fifty years in the practice of his profession.

Dr. Clarence L. Vreeland, Jersey City, is having erected a handsome residence on the Hudson County Boulevard, Jersey City.

Dr. Charles Young, Newark, and wife gave a dinner to friends recently in their home in East Kinney street.

Dr. Hyman I. Goldstein, Camden, was recently elected a member of the Medical Club of Philadelphia.

Dr. H. Garret Miller, Millville, is president of the Millville City Council.

Dr. John M. Randolph, Rahway, recently suffered slight injuries by his carriage colliding with a trolley car.

Dr. George C. Laws, Paulsboro, recently in a fall fractured two ribs.

Drs. Wendell P. Wingender, Marcus K. Mines, W. Kempton Browning and Frederick Jones, Jr., have been appointed medical inspectors of the Camden schools. Dr. Henry H. Davis continues in service as chief medical inspector.

Dr. Horace G. Wetherill, of Denver, Col., who for several years practiced in Trenton, N. J., with his wife, spent a few days in December in Trenton on their return from St. Petersburg, Russia, where the doctor went as a delegate to the recent Medical Congress there held.

Book Reviews.

A Manual of Nursing. By Margaret Frances Donahoe, formerly Superintendent of Nurses and Principal of Training School, Philadelphia General Hospital. Illustrated. New York and London. D. Appleton & Co. 1910.

This little book gives very complete and judicious instruction to the nurse as to her duties to her patient, to herself and to others with whom she may be associated. A brief epitome of a number of diseases most frequently met with, injuries, etc., enables the nurse to better comprehend the rationale of the treatment and nurs-

ing. All information on these subjects is imparted clearly, concisely and in language suited to the laity. The work is complimentary to its author and will be a helpful guide for every nurse.

AN ANATOMICAL AND SURGICAL STUDY OF FRACTURES of the Elbow. By Astley P. C. Ashhurst, M. D., of the Medical Department, University of Pennsylvania. Imperial octavo, 163 pages, with 150 illustrations. Cloth, $2.75 net. Lea & Febiger, Philadelphia and New York. 1910.

This monograph won for its author the Samuel D. Gross prize for the "best original essay on some subject in surgical pathology or practical surgery." All surgeons know how difficult of diagnosis and often unsatisfactory in treatment are fractures of the elbow. Dr. Ashhurst has devoted considerable time to the study of these injuries under the X-ray, and his carefully prepared skiagraphs teach emphatically that the X-ray should control and correct all diagnoses and modes of treatment in fractures of the elbow.

DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN. By Harry Sturgeon Crossen, M. D., Professor of Clinical Gynecology, Washington University; Gynecologist to Washington University Hospital; Fellow of the Am. Gyne. So., etc. Second edition, revised and enlarged, with 744 engravings. St. Louis, C. V. Mosby Co. 1910.

The author of this work believes emphatically in clinical teaching and as he cannot bring all whom he would instruct to his clinics, he imparts to them his ideas by illustrations which are more numerous than in any similar work, correct and especially instructive. Not so much space is devoted to the description of major operations as to the making of a differential diagnosis of the conditions requiring such procedures. It is an attractive book for the student and general practitioner.

THE PRACTICAL MEDICINE SERIES. VOL. VIII. Materia Medica and Therapeutics Preventive Medicine Climatology. Edited by George F. Butler, Ph. G., M. D.; Henry B. Favili, A. B., M. D., and Norman Bridge, A. M., M. D. Series 1910. Chicago, The Year Book Publishers.

MODERN TREATMENT; THE MANAGEMENT OF DISEASE with Medicinal and Non-Medicinal Remedies. By Eminent American and English Authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia; Physician to the Jefferson Hospital. In two volumes. Lea & Febiger, Publishers, Philadelphia and New York. 1910.

For many years the surgeon's knife and the physician's drugs were the main reliance of medical men in combating disease. Later these agents were aided by electrotherapy, hydrotherapy, etc. Within the last ten or twelve years a new mode of treatment has arisen—the serum or vaccine therapy—and it is such a logical outcome of modern research that it bids fair to supersede all other modes of treatment. Our gifted author, who is also an experienced practical physician, recognizes the value of many of the old remedies and gives to each its proper place. It is noteworthy, however, that the consideration of drugs occupies a small space compared with that given to climate, exercise, mineral waters, baths, electricity, X-rays, rest, foods and hygienic measures. The latest views as to sera, vaccines, opsonins, glandular therapy, and tuberculin and their modes of application are presented in considerable detail. It is a work on treatment so different from any other, so thoroughly up to date and in accord with modern investigation that it deserves the attention of every thoughtful physician.

MEDICAL EXAMINING BOARDS' REPORT.

	Examined.	Passed.	Failed.
Idaho, October.....	34	23	11
Iowa, September.....	14	11	3
Kentucky, July.....	133	101	32
Louisiana, October..	31	11	20
Minnesota, October..	21	17	4
Mississippi, October.	70	26	44
Oregon, July.....	106	58	48
Rhode Island, Oct..	12	9	3
South Carolina, June	105	61	44
South Dakota, July..	32	26	6
Wyoming, October..	1	1	0

Dr. H. G. Norton, secretary of the New Jersey Board of Examiners, in a recent letter states that New Jersey at present reciprocates with the following States:

Maine, New Hampshire, Vermont, Delaware, Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Colorado, Kentucky, West Virginia and Utah; also with the District of Columbia.

Public Health Items.

Newark Board of Health.

By increasing the staff of district physicians to sixteen the Board of Health was enabled on December 20 to put into effect its plan of establishing medical inspection of parochial schools, which had been in contemplation for some time.

The board's action was unanimous, both as to the increasing of the staff and the selections made for the work to be done. The appointees were proposed by the Committee on Appointments, through Commissioner Timothy F. Foyle, chairman. They were as follows: Dr. Michael J. Coffey, Dr. Dundas R. Campbell, Dr. Hesser McBride, Dr. Patrick Clark and Dr. Harry C. Povey.

The plan of parochial school inspection was outlined by Health Officer Chandler. It was announced that it was favored by all the rectors of Catholic churches in the city, and that assurances had been given to the committee of the board, which had canvassed the situation, that the fullest co-operation would be given the department and the physicians.

Fighting the White Plague.

Under the auspices of the Newark Anti-Tuberculosis Association, a conference was held in the Free Public Library on the morning, afternoon and evening of November 17, to discuss methods of checking the spread of the disease.

At the morning session the subject of discussion was "The Discovery and Supervision of

Cases in the Home, and the Enforcement of the Tuberculosis Law."

At the afternoon session the subject discussed was "The Value of County Tuberculosis Hospitals."

In the evening "Tuberculosis as a School Problem" was discussed. Among the speakers who addressed the conference were Dr. Lawrence W. Flick, Mrs. Florence W. Kelly, Leonard P. Ayres and Dr. Woods Hutchinson.

A summary of work done by the Newark Anti-Tuberculosis Association during October was given by Secretary Ernest D. Easton, as follows: Number of cases, 105, of which twenty-five were new; visits by nurses, 136. Arrangements are being made to place another nurse in the field, to investigate suspected cases of tuberculosis.

Tuberculosis Clinic, Jersey City.

The Jersey City Clinic for Pulmonary Diseases was formally opened December 10, 1910.

The aim of the clinic will be, first, as far as possible, to locate all tuberculosis cases in the city; second, to instruct the patients, as well as their families, regarding their method of living; third, to preach the infectious nature of the disease, and how it may be prevented and cured; fourth, to secure from the members of the medical profession a hearty co-operation with the officers of the clinic, so that each case may be duly registered with the local Board of Health, and, with the co-operation of this board, an effective crusade against tuberculosis may be established. The clinic is situated on the corner of Grove and Mercer streets, and will be open daily, except Sundays and holidays, from 2 to 3 o'clock.

Rules for Medical Inspections of Schools.

At a meeting of the Senatorial Committee appointed to investigate the conditions in the public schools, held in Camden, December 9, 1910, Dr. Henry A. Davis, chief medical inspector of the Camden schools, according to the Camden Daily Courier, gave the following testimony:

Dr. Davis was questioned as to the health of the school children. He explained the workings and came out bitterly against the rules set down by the State Board.

"The rules state that we must find out whether a child has nose, throat or ear trouble; whether a child has any spine disease, consumption or skin disease. Then the rules go on to say that we cannot remove any of the clothing of the child. I would like to know how the State Board expects us to make these examinations. It is impossible to look at a child and state its trouble. We must use instruments and the proper manner of using these instruments is denied us by the rules set down."

In answer to a question as to what he thought of the system on the whole, he said vigorously: "It is a farce. The physicians connected with the schools in Hudson, Essex and Mercer counties turn in reports as being correct. They cannot be correct and are worthless as a matter of proper record. The children are not properly examined; could not be with the rules, and yet these physicians turn in reports which they say are correct. The whole system is a farce."

Dr. Davis said that 2,000 of the 10,000 children now in the schools were behind in their grades.

Mr. Murray asked if it were not a fact that the chief cause of this was not due to eye, ear and nose trouble.

"Not entirely," answered Dr. Davis. "A great deal of it is due to the fact that the children do not get the proper kind of nourishment. Parents send children to school on a piece of bread and a cup of coffee. That is not the proper kind of food and if a child does not get the proper kind of nourishment, it is impossible for him to move with the usual rapidity through his classes. At least 50 per cent. of the backward children have adenoids."

Superintendent Bryan explained the method used in the schools to place those children who could not see well and hear properly in a position where they could. All of the members of the board who were present were called and offered suggestions to the committee.

Rules for Inspection, Bridgeton Schools.

The Bridgeton Board of Education at a meeting held October 3d, amended rules governing medical inspection of schools, and they are now as follows:

1. The physician to serve as a medical inspector in the public schools of the city of Bridgeton for the school year, 1910-1911, under the rules of the State Board of Education.

2. The physician to be in actual attendance at the schools during the year, as inspector, not less than 400 hours, and to be paid therefor the sum of $500 in ten equal monthly installments in the manner provided for the payment of teachers' salaries.

3. The total actual attendance of the inspector at the schools each week to be not less than 5 hours, but each school to be visited at least once each week as required by the rules of the State Board.

4. The inspector to begin the required physical examination of the school children during the second week after the opening of the schools, and such work to be continued whenever practicable throughout his term of service as inspector.

5. At the close of each visit to a school building the inspector to make on the blanks provided a memorandum in duplicate of the time served during the visit, one copy of which is to be left with the principal of the building and one to be retained by the inspector.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, November, 1910.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending November, 1910, was 2,879. By age periods there were 622 deaths among infants under one year, 242 deaths of children over one year and under five years and 787 deaths of persons aged sixty years and over.

The number of deaths from communicable diseases with one exception shows a decrease from the previous month. The mortality from diphtheria is higher than for any one month during the past five years, the deaths from diph-

theria for November each year are as follows: 1906, 60; 1907, 49; 1908, 41; 1909, 63; 1910, 92.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending November 10, 1910, compared with the average for the previous twelve months, the averages of the respective classes of disease being given in parentheses:

Typhoid fever, 46 (30); measles, 0 (15); scarlet fever, 6 (22); whooping cough, 31 (28); diphtheria, 92 (56); malarial fever, 1 (2); tuberculosis of lungs, 299 (315); tuberculosis of other organs, 51 (57); cancer, 141 (150); diseases of nervous system, 343 (360); diseases of circulatory system, 325 (363); diseases of respiratory system (pneumonia and tuberculosis excepted), 171 (234); pneumonia, 143 (259); infantile diarrhœa, 227 (244); diseases of digestive system (infantile diarrhœa excepted), 177 (198); Bright's disease, 199 (222); suicide, 34 (34); all other diseases or causes of death, 593 (658); total, 2,879 (3,247).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 724; tuberculosis, 353; typhoid fever, 227; malaria, 28; miscellaneous specimens, 33; total, 1,365.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending November 30, 1910, 219 samples of food and drugs were examined in the State Laboratory of Hygiene, as follows, the number found to be below the standard being given in parentheses:

Milk, 170 (6); allspice, ground, 2; butter, 8 (2); cinnamon, ground, 5; cloves, ground, 4; ginger, ground, 5; mustard, ground, 3; nutmeg, ground, 1; oleomargarine, 1 (1); pepper, black, 7; pepper, red, 1; pepper, white, 3; precipitated sulphur, 9 (1).

Three suits have been begun, one for milk and two for butter, which were found below standard.

Division of Creameries and Dairies.

Dairies.

During the month, 203 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent.:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	6	4	2
Hudson	6	0	6
Hunterdon	64	31	33
Mercer	8	4	4
Morris	21	9	12
Passaic	26	17	9
Somerset	12	8	4
Sussex	57	57	0
Warren	3	2	1
Totals	203	132	71

Inspections were made at the request of the following local boards of health: New Brunswick, Orange, Paterson, Perth Amboy, Princeton and Trenton.

Creameries.

During the month 21 creamery inspections were made, as follows: Atlantic City 6, Baptistown 2, Chester, Elmer 2, Franklin Park, Haledone, Monroeville, Morristown, Newark 4, Paterson and Washington.

Number of creamery licenses recommended.. 2
Letters sent to creamery operators.....14
Letters sent to dairymen.....24

During the month ending November 30, 1910, 57 inspections were made in 43 cities and towns.

The following articles were inspected during the month but no samples were taken:

Milk, 568; butter, 317; foods, 20; drugs, 12.

Other inspections were made as follows:

Milk wagons, 257; milk depots, 16; grocery stores, 175; slaughter-houses, 11; milk cans, 318; meat markets, 2; confectionery stores, 5.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 116: Public water supplies, 77; State institution supplies, 2; private supplies, 30; sewage samples, 5; miscellaneous, 2.

INSPECTIONS.

Public water supplies inspected at High Bridge, Orange, Burlington, Rahway, Milford.

Sewage plants and systems inspected at Collingswood, Ridgewood, Mahwah, Morristown, Millville, Vineland.

Special inspections at West Collingswood, Oaklyn, Woodstown, Skillman, Trenton Junction, Penns Grove, Kenilworth, Cranford, Millburn, East Orange.

Stream inspection on Elizabeth, Rahway, Whippany, Passaic and Maurice Rivers, Matawan and Rancocas Creeks, Lakes Bay, Atlantic Ocean.

Number of ten-day notices to cease pollution issued 8
Number of pollutions reported..... 37
Number of reinspections made 78
Number of pollutions reported as abated.. 40
Number of sewage disposal plants and systems approved 1
Number of water plants approved..... 1
Number of cases referred to the Attorney-General 21

The inspection of the Rahway River revealed the fact that all pollutions have been abated except the drains from the Garwood sewer system, for which a disposal plant was planned, but against the construction of which an injunction was obtained by the inhabitants of the city of Rahway whose water supply is contaminated by this sewage. One drain from the Cranford sewer line existed which is probably abated at this time.

New and Non-Official Remedies Approved by the A. M. A. Council on Pharmacy and Chemistry.

Guaiacodeine. N. Y. Quinine and Chemical Works.

Protan Tablets, Friable, 2½, 5 and 7½ grs. H. K. Mulford Co.

Protan and Opium Tablets, Nos. 1 and 2. H. K. Mulford Co.

Syrup Tricol Roche. Hoffman-LaRoche Chemical Works.

Sophol. Farbenfabriken of Elberfeld Co.

Theophyllin Sodium Acetate. Merck & Co.

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THE NASAL ACCESSORY SINUSES AND THE EYE.*

By George Harold Ward, M. D., Englewood, N. J.

The septum divides the nasal cavity into two distinct parts which join at the nasopharynx. The nasal cavity has four walls. The lower wall, or floor of the nose, is formed by the hard palate which consists of the palate plate of the superior maxillary bone, and the horizontal plate of the palate bone. The width of the floor varies from 12 to 15 mm. Posteriorly the floor of the nose becomes continuous with the soft palate.

The inner wall of the nose is formed by the septum, which consists of an osseous and cartilagenous portion. The osseous portion is formed by the vomer and perpendicular plate of the ethmoid. The two surfaces of the septum are rarely symmetrical, the anterior two-thirds presenting the most frequent deflections and spurs; posteriorly the septum is in the median line and it is unusual to find lack of symmetry here. The roof of the nose is formed by the frontal and nasal bones anteriorly centrally by the cribiform plate of the ethmoid, posteriorly by the anterior wall of the sphenoidal sinus.

The outer wall of the nose is the most important as well as the most complicated. It is formed by the superior maxillary bone, the vertical portion of the palate bone, and the internal pterygoid plate. With this wall the three turbinate bodies are connected. The inferior is the largest, its length varying from 25 to 40 mm., its width from 5 to 16 mm. The middle turbinate is shorter and commonly has a cyst in the anterior tip. Below each turbinal is found the corresponding meatus, the inferior, middle and superior, their size depending on the size and prominence of the corresponding turbinate. The various meatuses are in direct communication to the various accessory sinuses of the nose. The nasal duct opens into the anterior portion of the inferior meatus, its orifice being only visible after removal of the inferior turbinate.

The middle meatus can only be studied after removal of the middle turbinal. When this is done we see an oblong semilunar slit, the hiatus semilunaris, which is closely connected with the accessory sinuses. This semilunar cleft is formed by the bulla ethmoidalis, the uncinate process and the neighboring portions of bone. In its anterior portion is the opening of the frontal sinus and near this opening is found the opening of the anterior ethmoidal cells. At the posterior extremity of the hiatus is the opening of the maxillary sinus or antrum.

The superior meatus can only be examined post-nasally and into it open the posterior cells. Of the accessory sinuses the antrum of highmore is the largest and is contained in the superior maxillary bone. The roof of the maxillary sinus forms at the same time the floor of the orbit. The floor of the sinus is the hard palate and alveolar process of the superior maxilla. The posterior wall is formed by the body of the superior maxilla and is concave. The anterior wall corresponds to the facial surface of the superior maxilla and is thinnest at the canine fossa, which fact is taken advantage of in the open method of exploring the antrum. The inner wall is convex and is formed by the outer wall of the nose. In the upper part of this wall we have the nasal opening of the antrum, the ostium maxillare. The height of this normal opening accounts for the poor drainage of the

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antrum. As the upper wall is thinner than the inner we get the great frequency of orbital and occular complications in disease of this sinus, which will later receive mention.

The frontal sinus, the situation of which corresponds as a rule to the supraorbital arch, varies greatly in size. It may extend in the frontal bone upward, backward or laterally. Extending backward, it may reach as far as to divide the superior wall of the orbit into two lamellæ; while again it may be very small or even absent. It becomes narrow as it passes down between the ethmoidal cells and opens into the middle meatus of the nose, as we mentioned before at the hiatus semilunaris. The sphenoid sinus is situated in the body of the sphenoid bone, with the normal opening in the anterior wall, usually in the upper part. The anterior wall varies in thickness from 1 to 12 mm.

The ethmoidal cells are lodged between the nasal cavity and the orbit. The greater part of the inner wall of the orbit is formed by the thin plate of bone which closes in the ethmoidal cells on their outer side, the os planum. Dehisence of this wall is very common. Onodi cites a number of cases and I have found one case in ten examined. On the inner side the ethmoidal cells are shut off from the nasal cavity by a lamella of bone to which the middle and superior turbinals are connected. The cells increase in size from before backward and from above downward.

From this brief anatomic review it will be seen that one-half the arc of the orbit is taken up with the accessory sinuses, with their numerous variations. To again refer to Onodi, who has done possibly the most extensive work on the anatomic relations of the accessory sinuses and the eye, he has shown several specimens where the optic nerve is seen running through the sphenoidal sinus, and others where it is surrounded by the posterior ethmoid cells; so that not only are the accessory sinuses proven to be in intimate relation to the orbit, but to the optic nerve as well.

The accessory sinuses are developed in connection with the olfactory portion of the nose, being channels which conduct some of the inspired air over the surfaces of the olfactory turbinals. Fishes have no olfactory sense and in fishes we find no accessory sinuses; in reptiles we find rudimentary turbinals and so on as we ascend the scale to animals with acute sense of smell where we find highly developed accessory sinuses. Perfection by evolution is a slow, painstaking process and, once perfected, Nature tends to retain, though the primary uses which worked toward perfection may, through higher evolution, have ceased to exist. Hence in man we find the accessory sinuses present in a more or less degenerated form, and we know, by comparative anatomy, what their functions have been, even if they are not now functionally active. The numerous variations found in man are thus likely reversions to pre-existing types.

The pathological changes which take place in the accessory sinuses may be classified into two kinds, those affecting the mucous membrane, and those that extend deeper and involve the bone. Infection of the accessory sinuses is usually secondary to, or associated with, lesions of adjacent structures, especially in the nose. With the infection we must naturally have more or less inflammation involving the normal sinus opening, thus diverting the sinus into a closed cavity, and by causing a retention of the infectious material intensify the existing inflammation. Rapid changes take place in the mucous membrane and if drainage is not established total destruction of the membrane may occur with involvement of the underlying structures. Trauma, new growths and tumors need no special reference here.

It is convenient for reference purposes to divide the sinuses into two groups, the anterior group, composed of the antrum, the frontal and the anterior ethmoid cells; the posterior group, composed of the sphenoid and posterior ethmoidal cells.

The diagnosis of purulent sinusitis can usually be made with certainty, though occasionally difficulty is met with, especially in the posterior group.

Pus appearing in the middle meatus will designate involvement of one or more sinuses of the anterior group, while pus appearing in the superior meatus or olfactory slit will point to the posterior group. Taking the anterior group separately, we have, as presumptive evidence of antral involvement, unilateral pus appearing intermittently, infraorbital pain, pus in middle meatus, subjective fetor, mucous polypi, lateral facial swelling and transillumination. As a certain diagnosis we have puncture of antrum, with insufflation or irrigation.

Our presumptive evidence of frontal sinus involvement is pus in the middle meatus, spontaneous pain over the eye, pain on pressure, transillumination, irritation and

lacrymation of eye on side involved. As conclusive evidence we have catherization with insufflation or irrigation. The anterior tip of the middle turbinal usually has to be removed to accomplish this satisfactorily.

In involvement of the anterior ethmoidal cells our presumptive evidence is pus in the middle meatus, spontaneous pain supraorbitally, pain on pressure over lacrymal bone, asthenopia, and transillumination. As conclusive evidence we have puncture of the bulba. In the posterior group our presumptive signs in sphenoidal suppuration are based upon deep-seated head pains, ocular disturbances, pus between the septum and middle turbinate—seen by anterior rhinoscopy—pus on the superior and middle turbinates—seen by posterior rhinoscopy. A certain diagnosis is only made when pus is seen at the ostium, or by exploratory puncture.

Our signs of posterior ethmoidal involvement are the same as for the sphenoid, a certain diagnosis being possible on elimination of the sphenoid, or a continuance of a flow of pus after the sphenoid has been irrigated. Personally I believe it extremely rare to have involvement of one of the posterior group without involvement of the other. In all these conditions radiography plays an important part in diagnosis, though the plates must be made by an expert to be at all satisfactory.

The frequency of anatomic anomalies mentioned above must here be borne in mind as the invasion of the surrounding structures by the pathologic process as well as the varied symptoms met with, are dependent upon the shape, size and wall thickness of the cavity involved. One suppurating sinus may directly affect another, as in frontal sinus disease we may have extension to the orbital ethmoids and so on to the other ethmoid cells. A dehisence may be present in the partition separating the two frontal sinuses or a communication may be present due to perforation caused by the inflammation. In a like manner any thin bony partition between sinuses is liable to perforation as a result of caries or necrosis. Thus the antrum may infect the ethmoids, they in turn infecting the sphenoidal sinus; or the frontal sinus may infect the ethmoids and they in turn the sphenoid, or the other way around.

Having now a fair comprehension of the anatomic structure of the accessory sinuses with their intimate connection to the orbital cavity and optic nerve, as well as the variations of their pathologic proccesses, I will attempt to follow the extension of the pathologic processes to the orbital cavity, the eye and the optic nerve.

It is not so long ago that exophthalmos, accompanied by pain, tenderness and fever, was treated expectantly, and if the abscess pointed in either lid it was incised and the orbital pus drained away, no effort being made to get at the primary focus which in nearly all cases lay in one of the accessory sinuses. If the abscess, instead of pointing anteriorly, burrowed backward, perforating the inner table, the case, no doubt, died of a purulent meningitis of unknown cause.

It is to such men as Onodi, Zeigler, Germann, Loeb, Gruber and Birch-Hirschfeld that our thanks are due for bringing home to us the extreme importance of this etiologic connection. During the past two years our literature has been profuse on this subject, being mainly confined to case histories, so that we are rapidly acquiring a foundation for a more thorough and scientific understanding of the connection of sinus disease and eye complications.

At present many of our eye diseases formerly looked upon as primary, or due to some constitutional condition of the vaguest kind, have been proven secondary to nasal accessory sinus disease.

In reviewing the literature I have summarized the eye complications which have been reported arising from infection of the different accessory sinuses with the known orbital complications.

Complicating antrum disease the following eye symptoms have been reported: Lacrymation, blepharospasm, purulent dacryocystitis, and lacrymal fistula, hyperæmia of the optic disc, diminution of the visual power, amblyopia and amaurosis. Two cases are reported where, after a diseased antrum was operated, an old chronic iritis healed. Several cases are reported where as a result of oedema of retro-bulbar cellular tissue, exophthalmos, visual disturbances and even blindness resulted, due to direct pressure, and to pressure on the blood vessels of the optic nerve.

Two years ago I saw a case of acute antral disease where the abscess had perforated into the orbit through the orbital plate of the superior maxilla giving rise to marked exophthalmos, dyplopia, swelling of the nerve head to the extent of three mm., and haziness of lens. The vision was down to moving objects. I operated the case immediately, opening the antrum through the

canine fossa and draining the orbit through its floor into the antrum. In forty-eight hours the exophthalmos had greatly diminished, the lens cleared and vision improved to 20/200. The recovery was uneventful, the eye returning to normal with 20/20 vision, a few perivascular changes being the only remains of the retinal inflammation.

The case reports in frontal sinus disease cover bulbar and orbital neuralgia, hyperæmia of the optic disc, exophthalmos, dyplopia, transitory or permanent paresis of the ocular muscles, periostitis, perforation of the walls of the sinus, oedema of the retro-bulbar tissue, orbital cellulitis, perforation of the posterior wall with thrombophlebitis and intracranial and cerebral complications.

In ethmoidal disease the case reports cover retro-bulbar neuritis, choke disc going on to blindness or resolution, dacryocystitis, eye pushed aside by mucocele of ethmoid cells or empyæmia, exophthalmos, perforation into orbit with orbital cellulitis. In sphenoidal disease the reported complications have been oculo-motor paresis, exophthalmos, blindness, orbital cellulitis, choke disc, retro-bulbar neuritis and optic atrophy.

The path of infection in these cases may be by direct continuity, by the lymphatic system or by venous circulation. That the extension may take place through the lymph channels has not been proven bacteriologically or microscopically, but that disease of the accessory sinuses spreads to the orbital contents and to the optic nerve, within its canal, through the venous system is certain. The venous anastomosis is very complicated, the veins of the nasal mucous membrane anastomose with those of the face, the veins of the dura mater anastomose with those of the frontal and ethmoids by perforating veins through the bony wall, hence it is seen how easy extension may take place from the accessory sinuses.

Of fourteen cases of optic neuritis personally observed during the past year, five of the cases were monocular and three of these were conclusively proven to be due to ethmoidal and sphenoidal suppuration. Of three cases monocular optic atrophy sphenoid suppuration was found in two of the three.

An interesting case of double optic nerve atrophy came under my care at the Manhattan Eye, Ear and Throat Hospital last February. E. N., female, aged 49, had scarlet fever when eight years old, menstruation started when 12 years old and has always been painful, had three children, first stillborn, second died of peritonitis when 2½ years old, third is now 27 and in good health. Patient has always suffered from headaches which begin sub-occipital and run to forehead, the greatest pain being in the temples.

Six years ago patient had an attack of gallstones. Following this attack she lost the hearing in her left ear. In August, 1908, after one year of ammenorrhœa, patient was operated on for acute appendicitis. Fifteen days after operation patient noticed gradually failing vision and at the end of one week was totally blind, at which time Dr. Gill, of Hartford, saw patient and diagnosed optic neuritis, giving K. I. internally and H. W. applied locally. After leaving the hospital patient was given electrical treatment every other day for three months, but with no improvement of vision. From that time until patient appeared at hospital nothing further was done.

Examination showed pupils dilated, no perception of light, and on examination of the fundi, complete optic atrophy of both nerves was found. The nose and sinuses were examined, no evidence of suppuration being found, but the turbinates were greatly hypertrophied. An exploratory opening of the sinuses was advised, no hope being given the patient as to ultimate results. On removing the left inferior turbinate it was found to contain a large cyst, the only one I ever heard of, and on opening the ethmoids suppuration was found.

Unfortunately, the patient suffering from nostalgia, demanded to be sent home before further exploring could be made, and considering the more than doubtful ultimate result on account of the condition of the optic nerves, it was deemed wisest not to exert too much influence to retain her. The eye condition at time of leaving hospital was the same as when she entered and no report has been received from her since.

I have cited this case in detail for two reasons. It shows us that in cases of visual disturbance which have no apparent explanation and in which accessory sinus disease can be a possible factor, it should be conclusively proven that there is no latent suppuration; for it must be remembered that accessory sinus disease may produce no visible suppuration and can often be revealed only by operative exploration.

Again this case brings before us the fact that an optic neuritis or optic atrophy may be present in disease of the accessory sinuses without having been caused by the dis-

ease. Even though we may feel sure that the sinus disease is the cause of the eye conditions we must remember the possibility of accidental association.

From the reported eye conditions arising from sinus disease, it will be seen that we have, considering the eye primarily, several well defined conditions which point strongly to the accessory sinuses as the cause.

In all inflammatory conditions of the orbit the accessory sinuses may be looked upon as the cause until proven otherwise. Birch-Hirschfeld states that in nearly all inflammations of the orbit empyæmia of the neighboring cavities is the cause.

If ophthalmoscopic examination reveals neuritis, neuro-retinitis, retinal phlebitis, or hemorrhage we must eliminate the sinuses, especially if the ophthalmoscopic findings are monocular. Onodi states that monocular optic neuritis is practically always preferable to the accessory sinuses, while double optic neuritis is usually due to intracranial conditions. There are a few cases on record of a double accessory sinus suppuration causing a double optic neuritis.

Again, if without ophthalmoscopic signs, we have disturbance of vision such as a central scotoma, limitation of the visual fields, muscular paralysis, or functional disturbances of the fifth nerve, we must look, in all probability, to the sinuses as the cause; certainly we must eliminate them.

And again, any eye condition in a patient who gives a history of head trauma, or recurring colds following infectious diseases, as scarlet fever, measles, influenza or syphilis, must be looked upon as secondary to nasal accessory disease until proven otherwise.

I have recently observed three cases of high myopia with fluid vitreous and opacities, which occurred in conjunction with ethmoidal disease of long standing; but I believe we need further information before classifying such a condition as secondary to the ethmoidal disease.

However, no matter what our clinical findings, the anatomic relations of the accessory sinuses and the eye, as shown by Onodi and Loeb, are sufficient to explain them all, though our pathological knowledge is still most incomplete.

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DISCUSSION.

Dr. Walter B. Johnson, Paterson, opened the discussion on this paper. He said that one point that Dr. Ward might have made in connection with these anatomical conditions and the diseases resulting therefrom was the fact that it is important that the general practitioner should acquire a sufficient amount of ability to diagnose these conditions as factors in the production of the various symptom diseases that result. In the case of affections of the frontal sinuses, he had frequently had patients call who had had, coming on at ten or eleven o'clock each morning, a violent pain in the eye, that being the only symptom. That pain would recur, and recur again; and it was subsequently determined that the patient had frontal sinus disease as a causative factor.

He then said that Dr. Ward had not mentioned the various forms of tumor which involve the orbit eventually as coming from the different accessory sinuses. These he considered quite common, and said that they result in a train of ocular symptoms that, if recognized in their early stages by the general practitioner, might result in the specialist reforming the operative procedure early in the course of the disease. It is very important, in sarcoma of the antrum, that an operation shall be performed early if it is to be performed at all. If the whole bony structures have become involved and after the disease has possibly extended to the surrounding tissues, operations are generally unsatisfactory.

Dr. Johnson thought that this whole subject should be brought to the attention of the general practitioner, in order that the specialist might have the cases referred early in the disease for operation. He had, within the last two months, had a case of frontal sinus disease in which the physician in attendance had discovered a pointing abscess in the upper eyelid, which he had opened. He had continued to treat the case for three weeks, at the end of which time the patient was seen in consultation by Dr. Johnson, who at once diagnosed frontal sinus disease and recommended immediate operation. The patient was sent to the hospital, and the full Kilian operation was performed. The supraorbital portion of the cavity was found necrosed; but it was removed, and there was a sufficient amount of living bone remaining to allow him to leave the Kilian bridge. The passageway was opened through the nose; and though the man had had cerebral symptoms, such as unequal pupils, muttering delirium, high temperature and excruciating pain, he made an uneventful recovery. Much suffering and much chance of inability to perform a satisfactory operation might, however, have been spared him, had word been conveyed earlier to the specialist that the disease was present.

Dr. Linn Emerson, Orange, said that until within recent years—and, in fact, even at the present time—many cases of optic neuritis have been called idiopathic, many oculists having attributed them to toxemias of various sorts. When some of the progressive nasal surgeons called attention to the bearing of sinus disease on ocular symptoms, many oculists thought that they were over-stating the case; but Dr. Emerson said that, judging from recent observations, they were not doing so. Many of these cases giving ocular symptoms are really due to nasal and sinus disease of various sorts.

Dr. Emerson considered the point made by Dr. Johnson relative to the time of the headache important, and said that the headache due to this cause is usually a morning headache;

whereas the person with occupational eye trouble or strain has headache coming on in the latter part of the day.

Regarding the education of the general practitioner, in order that these cases may come early to the rhinologist, Dr. Emerson said that he would like to lay stress upon the point that these patients are generally referred to the oculist, and not to the nasal surgeon. Many of them are sent to men who do ocular work exclusively, and do no intra-nasal or throat work; and they are treated for a long time by the oculist before he suspects that the trouble is due to an intra-nasal condition. When Dr. Emerson looked back over his own cases, he could scarcely recall a single case of this kind that had been sent to him because he was a rhinologist. Such patients had almost always come to him to have their eyes examined, to see whether they did not need glasses; and in many obscure cases in which the refractive error was not manifest, he made a careful nasal examination, to see whether the patients coming for glasses did not have intra-nasal or sinus involvement.

INJURY TO THE EYE FROM BURNS, SCALDS AND CHEMICALS.*

By CHARLES J. KIPP, M. D.,
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Burns and scalds of the skin of the lids result in excessive sloughing and great deformity not infrequently follows the contraction of the resulting cicatrix. Other parts of the face are burned at the same time and the treatment in no wise differs from that of the same injury to the integuments of other parts of the body.

The injury done to the conjunctiva and the cornea by the contact of steam, boiling hot fluids, melted metal, red-hot iron, the explosion of gun powder, dynamite and other explosives, the touch of the lighted end of a cigar, the ignited end of a lucifer match, is often very great and not infrequently ends in blindness. In all cases of this nature, our first thought should be to get rid of the agent producing the injury, if still present; and in order that a careful search be made by everting the lids and searching the retrotarsal folds, one must make free use of cocaine, eucain, holocaine, alypin or other local anesthetics in water solution or combined with vaseline in the form of a salve.

If the injury was caused by hot fluids, the presence of foreign bodies in the conjunctiva or the cornea is not probable; nevertheless search for such should be instituted. Melted metal, pitch or other substances which are solid in their usual state, generally remain at least in part on the cornea, or in the conjunctival sac, and must be removed with the least injury to the part. Occasionally the injury sustained from such accidents is much less than would be expected.

Some time ago I saw a workman employed in a gas works, who, while looking through a small hole in the gas retort, was struck by some melted pitch between the free edges of the lids, enveloping the lashes so thoroughly that I had to cut them close to the skin before I could liberate them. On opening the lids, I found a very thin layer of the pitch on the cornea, which came away without difficulty. His vision was not impaired and he had no further trouble whatever from the injury. On several occasions I have removed from the conjunctival sac a perfect mould of the surface of the eyeball and found both the conjunctiva and the cornea but little injured.

It is generally supposed that in such cases the moisture of the surface of the conjunctiva and cornea is converted into a layer of steam by the hot metal, which prevents injury to these parts. The metal forming the mould is usually lead, which cools rapidly.

In explosions of gun powder or other explosive substances used in mining and blasting, the cornea may be merely scorched and no other injury done, but more frequently the burn is complicated by grains of unexploded gun powder, sand, fragments of stone or metal, being driven by the force of the explosion into or through the cornea, or even through the lens into the vitreous chamber and retina. If foreign bodies are present in the cornea, sclerotic or conjunctiva, they must be removed as much as possible with spud or needle, and the conjunctival sac must be irrigated with sterile water until all that are loose have been removed from the conjunctival sac.

Applications of cold to the lids, after first covering the skin, if it is burned, with a mild antiseptic salve, are generally grateful in the early stages, but should be continued only for a short time, if the cornea is much injured. The conjunctival sac must be washed out frequently with a mild antiseptic solution or normal saline solution and atropine instilled, if the cornea is involved. Cocaine, holocaine or alypin must be freely used and best in combination with vaseline, and if the pain is very great, leeches should be applied to the temple, and morphine should be given in sufficient quantities to

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secure sleep. In the latter stage, warm applications to the lids will be found more grateful than cold ones, and a salve containing iodoform or sozoiodol substituted for that of cocaine.

For the conjunctivitis following such injuries, only a mild astringent should be used. Weak solution of nitrate of silver or sulphate of zinc are useful, but the use should not be continued after the secretion is no longer abundant. In many cases, simple cleansing of the conjunctival sac with sterile water, or a solution of boric acid will constitute the best treatment. It has been the practice of some surgeons to tear up the adhesions which form between the opposing surfaces of the conjunctiva, if this has been burned, or between the cornea and the lid; and while this will sometimes succeed if the conjunctiva is burned in patches, it is utterly useless and only gives the patient additional pain if the destruction extends to the cul-de-sac. Of all the means which have at various times been devised to prevent the formation of total symblepharon in such cases, none have in my hands been of any use whatever. I have tried to graft mucous membrane of the burned surface of the sclerotic, but the result has not been proportionate to the pains taken. In some cases, I have succeeded in severing adhesions between the lids and the globe, months after the injury was sutsained.

Dr. G. Pfalz, in Duesseldorf (*Ztschr. f. Augenheilkunde,* Helft 6, xxii., p. 492), who has had a large experience with such injuries, claims to have prevented the union between the lids and the eyeball in cases in which the burn extended to the fornix, by the early application of skin grafts to the burned area of the lids. He says that in case of burns or cauterizations of the skin and conjunctiva of the eyelids, the defect should not be allowed to cicatrize spontaneously, but that the loss of substance after the exfoliation or removal of the necrotic area, on the lower lid, even if the burned area is not larger than a pea, should be covered with grafts of epidermis, after Thirsch, at an early date, immediately after the demarcation of the necrotic parts. The transplantation can and should be made as early as the fourth to the sixth day after the burn took place. He is confident that a union between the lids and the globe can be surely prevented if the epidermis graft, folded like a sheet of letter paper, the raw surface, of course, outward, and fastened to the fornix by sutures. The graft should not be fastened to the sclerotic, as it will not unite to it, and it is, moreover, not to be recommended to do this because of the disfigurement. I shall certainly follow Dr. Pfalz's advice in the future. The operation of restoring the conjunctival sac after complete union between the lid and the eyeball has occurred, is now often successfully done so that an artificial eye can be worn. It consists in severing the lids from the eyeball and covering the surface by a large flap of skin, usually taken from the arm and fastening it to the fornix by thread passed through the periosteum of the orbital margin. Only one lid is done at a time.

The destruction produced in the skin of the lids, and the conjunctiva and the cornea by contact with strong acids, caustic alkalies and escharotics, is very variable and may consist of a mere whitening and exfoliation of the epithelium of the conjunctiva and the cornea, or a partial or total necrosis of these structures. The amount of mischief done will depend not only on the caustic nature of the agents, but also on the length of time of contact. The prognosis should be guarded, even in what seem trifling injuries resulting from strong acids. Cases like the following are not unfrequently seen:

A man employed in an oil refinery had a quantity of crude sulphuric acid splashed on his face and in his eyes during an explosion. The skin of the face and the lids were very badly burned, but his eyes, when examined by a physician shortly after the accident, were apparently not seriously injured. He had no pain in his eyes and his vision was not much impaired, *according to his own statement.* The burns on his face were treated in the usual way, and as he did not complain of his eyes, nothing was done for them. A week later he first opened his eyes and noticed that he could not see, and an examination made at this time, showed the cornea of each eye to be very opaque. The case went on from bad to worse, and when I saw him two weeks after the accident, the cornea of each eye had sloughed and the contents of the eyeball had partly escaped.

The action of strong acids upon the cornea of the lower animals has been studied by Guillery (*Arch. f. Augenheilkunde,* lxiii Helft 3-4, 1909, p. 258). He says that, with sulphuric, nitric or hydrochloric acid, it is almost impossible to produce a primary opacity similar to that caused by lime or lyes and if it is produced, it is only very transient. If lime-mash is placed on

the cornea of a rabbit, an opacity is caused at once at the place of contact, which increases in density as long as the caustic is active, until at last it assumes a whitish blue color and becomes perfectly opaque.

If an acid is used in the same manner, the transparency of the cornea is likewise destroyed immediately. With some acids, even in their most concentrated form, only a very faint opacity can be produced. Others cause a somewhat greater loss of transparency, but almost never complete opacity. The pupil is in most cases distinctly visible, not only with focal illumination, but also in daylight. But while the opacity following lime cauterization continues unaltered, until secondary opacities are added, the opacity from acids is changed in a conspicuous manner very soon. Even while the acid is still in contact with the cornea, the opacity will disappear in the next few minutes, at all events in half an hour. The restoration of transparency may extend over the whole area cauterized, up to its margin, which always forms a narrow white ring. The central portions sometimes become so clear that the color and texture of the iris are plainly seen. Several consecutive applications of the acid will be followed each by the same course. If the eye is left undisturbed, an increase in the opacity is noticed on the following day. This was especially noticed after applications of acetic acid. The cornea may become entirely opaque with subsequent ulceration, perforation and necrosis of large portions. As a rule, when the acid was applied in the morning, the opacity commenced in the afternoon. The cornea remained anesthetic after the effect of cocaine had passed off, and, if necrosis followed, the reflex sensibility was never regained. In cases with a favorable course, this is gradually re-established. Even in but slightly opaque or entirely clear cornea an ulcerative destruction may follow the action of the acid. Under favorable conditions the secondary opacity remains unaltered in cases in which the cauterization has been severe.

An improvement in the clearing of the cornea in the course of time is, of course, not impossible, the same as we see it after lime burn, but there always remains sufficient opacity to constitute a decided hindrance to vision. Hydrochloric acid is perhaps the least capable of producing an intense opacity. The primary opacity following acetic acid disappears most quickly, but this does not exclude a subsequent dense opacity. Sulphuric acid in comparison with other acids, is the most intense in its action. Nitric acid and acetic acid produce about the same effect. These observations refer, of course, only to the primary opacity.

For an explanuation for the spontaneous clearing up of the corneal opacity, a breaking down of the surface would at once suggest itself, through which the layers which have escaped the action of the acid would come into view; but as the loss of substance, even after repeated cauterization, is so shallow and the anatomical destruction conspicuously little, this can not be the case. From the experiments it would seem that the peculiar effect of acids on the cornea is due to a compound formed by the acid with the mucoid of the cornea which is soluble in excess of acids.

Another part of the eye which is affected by the cauterization is the crystalline lens. Guillery has shown that an extensive opacity of the lens soon follows the applications of sulphuric and nitric acids to the cornea. Acetic acid, lime and lyes do not cause it. The opacity of the lens may be completely developed in the short period of a few hours following the cauterization. The surgeon but rarely sees injuries of this character until some time after the accident, when the agent is no longer in the conjunctival sac and all attempts to neutralize the acid at this time are useless. But still since Guillery has found traces of acid in the conjunctival sac of the lower animals six hours after it had been introduced, it may do some good to use a weak solution of potassa, one-half of one per cent. (½ of 1%), for washing out the conjunctival sac, if the patient is seen not longer after the accident. It would undoubtedly be advisable to have such a solution constantly on hand in places where such an accident is liable to happen. Lime, mortar and other compounds of which it forms an ingredient are very destructive to the eye, and the lesions produced thereby do not differ essentially from those due to burns from molten metal. It is now known that the opacity of the cornea from lime is the result of the chemical action of the lime and may consist of the extraction of the corneal mucoid, the precipitation of sediments in the epithelium, in the glutin of the basic substances and in the lymph. The rise of temperature and the abstraction of water attending the slacking of the lime, have little or nothing to do with the production of the opacity of the cornea.

In cases of *lime burns,* the patient should e laid on the floor, the eyelids pulled as far part as possible, and cold, clear water be oured in a stream over the cornea and con-nctiva. As soon as most of the lime or ortar appears to have been washed away, solution of cocaine or holocaine should be stilled at intervals of a few minutes until e pain has subsided, or, if the spasm of e orbicularis muscle is so strong that the ds cannot be pulled apart, a solution of caine should be injected at the outer can-us with a small, blunt-pointed syringe; or, a salve containing cocaine is at hand, this ay be injected in the same way, until the ds are distended. The use of water in ses where lime or its compounds have me in contact with the eye was, until tely, by some physicians regarded as armful, but recent laboratory experiments ave shown that this view is erroneous, and at water is far better in these cases than solution of sugar which has been largely sed for this purpose, as the sugar forms a mbination with lime, having decidedly ustic properties. As soon as the eye can opened, a careful search should be made r any remains of particles of the agent, t only on the cornea and the palpebral njunctiva, but the cul-de-sac must be ex-lored, as here they are often hidden and present must be wiped away with cotton rapped on a roughened probe or a small ick, if they are loose, and with spud or rceps if fastened to the tissue. The sub-quent treatment should be the same as at of burns from metal. Picric acid in a vo per cent. ointment has been recently ghly recommended by Fortunati, in the eatment of lime burns. He has found it fective also in clearing up of the super-cial opacities of the cornea. Until re-ntly the clearing of the opacities of the rnea after lime burns was despaired of, t through the experiments of Guillery, it as been learned that a good deal can be complished toward this end, by the use f solution of chloride of ammonium and rtaric acid. The applications may be be-n as soon as the more violent inflamma-ry symptoms have subsided. Guillery lvises to commence with a four or five per nt. solution of chloride of ammonium to hich is added tartaric acid 0.02-0.10%. his solution is applied by means of an eye p and kept in contact with the cornea for half hour to an hour three times daily. A lution of cocaine, or holocaine is applied st before the chloride ammonium bath. he strength of the chloride ammonium solution is gradually increased to ten (10) per cent., but the quantity of tartaric acid is not increased. Other physicians who have used this treatment have confirmed the usefulness of it, and I have in a few cases seen sufficient improvement to encourage me in the further use of it. A salve containing ten per cent. chloride of ammonium and one per cent. of cocaine applied at frequent intervals is also said to be of service for this purpose.

THE ACCESSORY SINUSES.*

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There are two reasons for presenting a paper on such a subject before an audience made up as is the Practitioners' Club, of general practitioners.

First—Every man in general practice sees patients, perhaps many in the course of the year, whose whole illness arises in this region.

Second—A report of progress is always in order and by collating the experiences of Loeb, Coakley, Yankauer, Swain, Knapp and others, a more comprehensive position is held to-day than ever before. Where formerly, the cautery and knife were invoked, now the former is scarcely ever employed, and operation occurs only for positive reasons and with a more perfected knowledge of cause and effect.

Etiology and Pathology—If the mucous membrane be healthy it is resistant. If diseased, it succumbs easily to infection. In health, the mucous membrane of the beginning of the respiratory tract is covered with ciliated epithelium, whose function is to keep things moving in one direction. A gentle stream of thin, bland serum flows constantly toward a given point, where, from time to time, it either evaporates or is carried from the nose into the digestive tract.

If there is swelling of the mucous membrane or if the ciliated epithelium be eroded at any place, thick mucus accumulates even to the forming of scabs and monoliths; just as is the beginning of gall stones, renal calculi and rhinoliths. This thick coating blocks the exits from the nasal sinuses and soon infection and suppuration occur. A sinus becomes more or less filled with pus and this running over healthy

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mucous membrane soon excoriates and spreads the disease. Thus the dust containing pathogenic germs breathed through the healthy nose fails to find lodgment. But the unhealthy Schneiderian membrane presents an attractive spot for its growth. This neglected, the superficial erosion and suppuration pass on to necrosis of the underlying structures—bone and cartilage. Meningitis and brain abscess may follow.

In the healthy tonsil, J. Wright has shown that the membrane has ability to ward off invading germs which may be found on its surface. Its epithelial cells repel, whereas in the irritated tonsil, the germs are taken into the cells and multiply. He is undecided whether this power is the result of mere surface tension or the attraction or repulsion of electrically alike or different particles; or even a refined chemical process.

His studies are corroborated in the action of the prophylaxis and anaphylaxis by vaccines, serums, antitoxines, etc., where we inoculate one germ to kill another. No better amphitheatre for its exploitation exists than that of the nose and accessory sinuses. Since the advent of these theories and means of cure, surgical operations on the sinuses have diminished and complete cures have been obtained which were not always possible by operation alone.

Ten years ago, the writer read a paper before this club in which it was stated that every case of "taking cold" was probably due to some germ. To-day the coccus catarrhalis and others are known to be the offenders. These and the poisons of syphilis, rheumatism, gout and ague; the eruptive fevers; mal-digestion, stomach and intestinal; together with those pathogenic germs introduced during breathing or through traumatism, are the cause of catarrh. The mucous membrane of the nose and sinuses is more exposed to invading germs than the other membranes of the body which all depend for their vitality on the proper hygiene of the body. Sudden exposure to draughts of cold air or dampness are the depressing agents which give opportunity for the germs to get busy. Winter found that the application of ice to the belly of the rabbit was immediately succeeded by congestion of the respiratory tract and holds exposure to cold is the primary cause of catarrh.

Acute attacks of cold in an individual otherwise healthy, quickly subside, especially if active, intelligent treatment be employed in the beginning, leaving the parts scarcely any the worse. But, if the dividual be run down or exhausted blood or nerve, these pathogenic ger grow and multiply with frightful rapid at the expense of the part invaded. Lo and constitutional symptoms are alw present, each in varying degree. Local swelling follows congestion, the thin, s ous secretion of the membrane suddenly creases in quantity (Nature's method shedding the disease), shortly to change character to a thick, viscid excretion whi forms a fertile soil for implantation other pathogenic germs. These, in tu grow much faster than the original on and so it comes about that the pus is call streptococcal, staphylococcal or pneum coccal. Thus the real cause of the wh trouble is apt to fail of recognition in t autogenous vaccine made to cure the d ease. If the vaccine should be made of t coccus catarrhalis, bacillus Friedland sepsis or influenza, and then a second va cine of the secondary streptococcus, et and these inoculated alternately, perha there would be less failures to report. Ho ever, marvellous results have already be recorded, especially where there has be free drainage in addition.

The term accessory sinuses is applied the bony cavities adjacent to the beginni of the respiratory tract; frontal and max lary, ethmoid and sphenoid. The spheno is generally single but the others have bo partitions converting them into multip chambers. They are lined with muco membrane covered with ciliated epithelium

In the time allotted this paper no attem is made to exactly define the limitations each sinus. That were a task impossib to perform each. Each differs in size a relative position in every individual a one side is never exactly like its fellow. T magnificent result of Loeb, of St. Lou proves this. He has made schemat drawings of twenty heads showing the d mensions of the four sinuses on each si of the head. The remarkable variances the different sinuses, proves that really composite picture could be drawn.

There are certain axiomatic points th are positive. The frontal sinus is in t frontal bone. The maxillary sinus is the superior maxilla. The ethmoids a between the os planum and the nasal se tum, and the sphenoid is in the bone of t same name. The floor of the maxillary sin varies greatly, from the level of the floor the nose to a point just below the orig of the inferior turbinate. Its opening

it near the floor but above the middle of the origin of the inferior turbinate. And this is the one point which is constant. The antero-posterior dimension also varies in similar degree.

The opening of the sphenoid is also high up and any excess of fluid in either sinus must travel up hill to escape. Capillary attraction takes care of the normal flow. The opening of the frontal sinus is often most difficult to find in the living subject. Where a pyogenic membrane has formed it must be curetted and free drainage instituted. This may be accomplished in only one way, either enlarge the natural exit or make a new opening in a dependent part.

Symptoms of sinus disease are quite varied. Where there is a pyogenic membrane, there is apt to be freedom from toxæmia because the disease is walled off from the blood circulation.

The constitutional symptoms may be dismissed in this paper by saying they depend on the strength of the toxæmia and whether the brain is involved. In the latter case, they may be most urgent. Generally starting with the symptoms of meningitis, restlessness, hyperasthesia, irregular pulse and temperature, etc. There are varying degrees of leucocytosis which if it continues in a high degree is a sure sign of abscess.

Locally, there is a neuralgia or heavy feeling in not only the temporal region but in different parts of the head, even in the occiput. Headache runs between a simple, easing uncomfortableness and agonizing. Vertigo is apt to be somewhat periodic in character as is the headache. One or both eyes tire easily and often suffer pain. There is generally pain on pressure over or beneath the eye. But there may be none even where the underlying sinus is full of pus. Examination may reveal a faint white line in the back of the nostril and this is found to be a string of pus. Perhaps there is a polypoid, transparent swelling of the mucous membrane of the middle turbinate or the anterior ethmoid. It has happened that a skilled rhinologist has had difficulty in arriving at a diagnosis. He uses a cocained, cotton-tipped probe to aid in ascertaining if pressure or suppuration, one or both are present.

P. Fridenburg says 60 per cent. of all orbital infections have the accessory sinuses as their origin. There is on occasion, a combination of symptoms in head and other parts of the body which confuse, and differential diagnosis must be brought into play. Transillumination and the X-ray have their place in confirming a previous diagnosis, but, alone, are valueless. Every case of sinusitis starts from rhinitis or naso-pharyngitis or from a diseased tooth.

Treatment is: (1) preventive; (2) the acute attack; (3) the sub-acute and chronic stages.

If the "acute cold" be aborted, an incipient sinusitis is aborted. Acute "cold" means sore throat and stoppage of nose, generally with some malaise and some fever.

Jacobi said: "Every child at birth is a mass of lymphatics." In many cases, the lymphatics in the naso-pharynx increase and before two years of age, act as obstruction and interfere in many ways, one of which is to cause malformation of the interior nasal structures. Small in the beginning, they, as the twig is inclined so grows the tree, also develop greatly twisted and distorted in many directions. Thus it comes about that pressure against the openings of the sinuses interferes with drainage, and sinusitis results mechanically. So, a stuffed-nose baby should have its nose cleaned regularly and adenoids and enlarged tonsils should be removed early.

Given a normal nose and naso-pharnyx. An acute "cold" starts. Never for a minute do we lose sight of the fact that it is an infection by coccus catarrhalis, bacilli Friedlander, influenza or sepsis. We hurry to accelerate the circulation and rid the system of poisons in as speedy a manner as possible, and at the same time relieve the uncomfortable symptoms which prevent concentration of mind in daytime and rest and sleep at night. What more natural than a good calomel purge and hastened action of the emunctories? Very active bodily exercise sufficient to produce free diaphoresis with plenty of water to drink, and at the same time generous diet, for the phagocytes must be strong enough to fight the invading enemy. In the case of the aged or infirm, the result must be attained in a more quiet manner.

The nose and naso-pharynx should be cleansed as necessary with mild alkaline solutions, boric acid as a base. For the Friedlander, zinc chloride; for the pneumococcus, enzymol, and for the others zinc sulphate is added. Protargol and argyrol have their advocates, but they are inelegant in that they stain the clothes. Of course no thinking person would venture the use of peroxide, lest the escaping oxygen might push germs into innocent parts.

For the dry, parched nose and throat we

use benzoinol in which has been dissolved some of the turpentines, menthol, camphor, oil of pine or creosote; the last especially in a tuberculous patient. These are sprayed into nose and throat every hour or two, day and night, if awake. Steam breathed from a wash basin acts most happily. Thus the attack subsides and no involvement of the sinuses occurs. Unfortunately, few apply to the doctor for this treatment.

Subacute frontal sinusitis is aborted by the application of moist heat and by the intelligent application of a mixture of cocaine and adrenalin or suprarenaline to the roof of the nose. The thickened mucus is given a chance to escape into the nose and relief is obtained. A hypodermic of morphine may be necessary. In all cases of discharge from the nose, cleansing is in order.

One point which has impressed me is that what at first was effective, must later be changed for some other remedy. For instance, often in discharge from the ear—and the same holds good for the nose—a wash of bichloride fails to stop the discharge. Plain boric acid, dry or in solution, or a mixture of tincture iodine and peroxide is tried, and lo! the discharge stops as if by magic.

Of course, it is presupposed that all granulations have been curetted, and all dead bone and polypi have been removed. For, while present, no permanent cure may be expected. These things must be thoroughly done and the nasal mucous membrane brought back to health. It is a matter of record that many a case of ozena is nothing but sinus disease, and many a case of diphtheria—spreading could have been cured early without all the serious consequences which we know about.

Vaccines—A paper is to be read at the January meeting on this subject and we will not now go into the theory of it, but simply state that vaccines have a very important part to play in the cure of sinusitis. The writer has had four cases in private practice of atrophic rhinitis, a most despairing trouble, which have been apparently cured by dropping into the nostrils a few drops of massolin (B. Bulgaricus). Improvement was immediate, though the treatment lasted for months. Swain, of New Haven, reports a child 7½ years old, with suppuration of cervical glands and running ears. Both mastoids and ethmoids and frontals had been surgically exenterated. Stock and autogenous vaccines had been generously injected with no improvement. The various cavities continued discharging for four months and all surgical means possible had been employed. A few drops of massolin dropped daily into nose and ears, produced a complete cure in two weeks.

Patterson collected reports from a number of observers on vaccines. He found 83 per cent. failures and 17 per cent. successes in frontal sinus cases. The successes in antrum disease, however, have been so great as to be epoch-making.

It is imperative that the bacteriologist shall find some more successful method of getting at the causative organism for the autogenous vaccine. To-day, it takes four days ere the vaccine is ready for administration. There is the incubation, isolation, standardization of the solution and killing of the germs and a wait of twenty-four hours for assurance that all the germs are killed. This would be a disastrous delay in an urgent case. When made, it is administered every fifth day. The initial dose is one-half the regular dose of staphylococcus, *i. e.*, 250 mm. If the general and local reaction is slight, 500 mm. are given every five days.

If the opsonic index finding could always be depended upon, there would be no doubt as to the proper time for giving the vaccine and this is a most important point, because if improperly administered it only adds to the flame and does harm. This will all be explained in the paper to be read later.

In a sub-acute case, *i. e.*, of not over a year's duration, and not urgent, vaccines offer most promising results, especially in post-operative cases with continued discharge.

A hay fever vaccine is being studied. Tuberculin carefully used in small doses over a long period, gives promise of occasional value. The His-lymph or serum, where the leucocytes are taken from the inflamed pleural cavity, is being used to aid the leucocytes of the body in casting off infection.

In order to save the trouble and annoyance of daily syringing a sinus for the rest of one's life, a bismuth paste has been successfully employed in filling the frontal sinus, but I have seen no account of a favorable character in the other sinuses. It has proved of value in the mastoid after exenteration.

Operations—So many good results have been achieved by means of the nasal route

that that is the favorite with both patient and operator. It is done under local anasthesia avoiding the disagreeable consequences of other narcosis. Besides there is no disfigurement of the face as a souvenir. Dr. P. Fridenberg claims the orbital route is more accessible and thorough than the nasal for the sphenoidal sinus. As explained by A. Knapp, the operator makes the incision below the eyebrow and not through, as in the Killian, and simply detaches the pulley of the superior oblique with its bone or cartilage base, and enters the ethmoid region through the os planum. Afterward, he and others assert that there is no damage done either to the eye or its muscular apparatus. It is extremely rare that the ethmoid may not be reached through the nose. The Killian and other external routes for the frontal sinus is being replaced in many instances by the nasal. This, too, notwithstanding that both Onodi and Fryer affirm that 50 per cent. of frontal sinuses cannot be probed from the nose and that there is less danger to brain and optic nerve by the external route. The antrum of Highmore by many is attacked intra-nasally, but they find that frequently, afterward, an opening must be made at the most dependent place for drainage, so, perhaps, it were just as well to do that operation in the first place, *i. e.*, through the cavity made by the removal of the first molar tooth.

Operations on the nasal septum are now done sub-mucously. Where a bone or cartilage has been pressing for years on the outer wall, the time comes when an unbalance is started in the sinuses and operation is imperative. The sub-mucous operation is most beautifully done under cocaine anasthesia with complete restoration of the functions of the nose. After removal of the bone or cartilage deformity, the mucous membrane is pressed for a day against the site of removal and a straight wall covered with healthy membrane, just as nature intended, is found. This operation is the delight of the rhinologist.

Wholesale removal of the inferior turbinates with their membrane and erectile tissue is a thing of the past. The mucous membrane of the respiratory tract will always have for its function the warming, moistening and filtering of the in-breathed air and this must not be interfered with.

Packing of the nose after operation is seldom done by the writer, one reason being that brain abscess has been caused thereby.

At the risk of being dull and tiring you, a few abridged and condensed reports of cases are given here.

Case I—Applied complaining of impaired vision. Choroiditis and optic nerve atrophy were found. Operation on the ethmoid and sphenoid sinusitis stopped the disease with some improvement of vision.

Case II—Applied for relief of eye-tire which intertered with work. Removal of a suppurating ethmoid cell and straightening of the septum; cured.

Case III—Pain in head generally from temple to occiput, cured by removal of a bony growth pressing on the infundibulum and blocking the antrum and frontal sinuses; cured by operation.

Case IV—Tinnitus and loss of hearing, so that patient who was in charge of an electrical engine, was compelled to give up his place because he could not hear. Treatment of the deafness was unavailing till pressure in the nose had been stopped by operation when he was able to resume work.

Case V—Swain, of New Haven, tells of a case of intense headache, somnolence, temperature 104.2, stiff neck, and fairly well defined Kernig sign—a picture of utmost gravity for a few days. Sphenoid sinusitis cleared up the whole matter. He felt meningitis was actually prevented by surgical attack at the seat of disease.

Sinus disease occurs in all ages. My patients have ranged from 5 to 60. But after 55, one thinks carefully before operating unless a sinus be discharging foul pus and the symptoms are urgent. In all cases, cleansing of the nose is imperative for comfort of the individual and as a means of preventing further disease.

Perforative Peritonitis.

Dr. John B. Murphy, of Chicago, recently said that he has had 64 consecutive cases of perforative peritonitis with 62 recoveries. This did not include the appendiceal abscesses or appendicitis cases with large quantities of pus that did not communicate directly from the alimentary tract into the free peritoneal cavity. He felt that we as a profession must come up to the standard that all of the cases of appendiceal peritonitis with the exception of 1 per cent. of primary perforation were avoidable. The diagnosis could and should be made before the perforation.

A psoas abscess occasionally points in the outer part of the groin (i. e., close to the anterior spine of the ilium). When there is no evident spinal deformity to suggest the diagnosis the swelling is apt to be mistaken for a growth. —Amer. Jour. of Surgery.

A CONSIDERATION OF A FEW FUNDAMENTAL PRINCIPLES APPLICABLE IN THE TREATMENT OF DISEASES OF DISTURBED METABOLISM.*

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In the introductory to their work on Human Physiology, Sterling and Landois state that "the forces which act in organisms, in plants and animals, are *exactly* the *same* as are recognizable as acting in *dead* matter.

"A so-called vital force, as a specific force of a peculiar kind, causing and governing the vital phenomena of living beings does *not* exist.

"The force of all matter, of organized as well as unorganized, exist in connection with their smallest particles or atoms. As, however, these smallest particles or atoms of organized matter are, for the most part, arranged in a very complicated way, compared with the much simpler composition of inorganic bodies, so the forces of the organism connected with the smallest particles, yield more complicated phenomena and combinations whereby it is excessively difficult to ascribe the vital phenomena in the organism to the simple fundamental laws of physics and chemistry."

The former portion of this statement, certainly, with our undeveloped knowledge, cannot be positively affirmed, neither denied; yet it is a tenable proposition that too much importance has been accorded to the merely physical and chemical, in attempts to offer explanation for many of the so-called *vital* phenomena.

Practically, the fact remains, whether or not there *is* a force of peculiar kind existing independently of the physical and chemical, that, when certain influences are brought to bear upon organized or living matter, definite results are a consequence, which are *not possible to be obtained* when these *same* influences are rendered operative upon the *same* structures *after* they have lost that something designated *life.* For illustration, bring a solution of some chemical compound into contact with a group of living cells (an organ) and it will undergo cleavage or disintegrate into its component elements, but if that *same* solution be applied to an identical structure, which is deprived of life but not demonstrable to have undergone any physical or chemical alteration, no action whatever occurs. Vital force is, therefore, from our present undeveloped knowledge, apparently demonstrated. From a *practical* point of view, then, clinicians in the capacity of therapeutists, have to do with that peculiar force best designatel *Vital.*

That this fact may be better emphasized, consider, for a moment, a living cell, as a myocardial, for example, and see in what practical manner this living tissue element differs in its reaction to influences, treatment, if you please, from the *same* structure when devitalized.

The living myocardium, if subjected to the influence of digitalis responds in a manner so characteristic and well known to you all that it would be a waste of time to describe; equally so are the phenomena consequent upon the administration of aconite, but in an opposite manner. What can be said of myocardial reaction to these respective influences when, because of retrograde changes, the cells have become, from a physical and chemical point of view, incapable of responding?

Vital phenomena, thus manifested by *living* structure, stand prominently forth in sharp contrast with the absence of these phenomena, when the *same* influences are caused to operate upon these *same* cells which are now *de*vitalized.

Benjamin Moore makes this point very clear in the following language: "The living cell may be regarded from the physico-chemical point of view as a machine or mechanism through which there is constantly taking place *a flux of energy.* The cell is continually taking up energy from its surroundings in certain forms, and redistributing the energy in other forms, but in the process, it itself undergoes little or no permanent change." *Bear that in mind.* "Certain changes, it is true, do occur slowly in the cell in the course of its life history, which have the effect of permanently altering the character of the energy discharged through it"—*bear this fact in mind*—"but these structural changes are so slow, that they can be put aside in the study of the cell, as an energy machine, acting upon the energy supply at a given moment." In the maintenance of life, as well as in functionating, oxidation, hydration, dehydration, etc., etc., are processes familiar to all. Moore tersely remarks that "in order that a cell may be capable of oxidizing the chemi-

*Read before the Mercer County Medical Society, at Trenton, N. J., November 15, 1910.

cal compounds of organic character coming into it from its environment, it is absolutely essential that its (the cell's) own integrity be preserved; and this integrity is just as completely dependent upon the presence of the ions of certain simple inorganic salts," *that is, compounds of low molecular formula,* constituting the inorganic, *as contrasted with those of the higher complex compounds of the organic world,* "in the cell, and in its surrounding fluid media, as the exhibition of the typical phenomena of cell activity is upon the supply of energy, in the form of organic compounds, to the living cell."

Thus two facts are demonstrated: (1) That inorganic compounds which are of low molecular formula ($NaCo_1$, $CaCo_2$, etc.) and simple, are indispensable for cell *activity;* (2) That organic compounds, characterized by high molecular formula ($C_{51.5}$, $H_{6.9}$, $N_{15.2}$, $O_{10.9}$, $S_{.3}$) and complexity are an absolute necessity for cell *function.*

It is evident, therefore, that, as organic compounds are built up from simpler to complex, or a contrary process obtains, we have to do with anabolism and catabolism. Both are, for self-evident reasons, either normal or physiologic and abnormal or pathologic. Our author also states that, in point of time, "the physiologic activity of the cell is more rapidly destroyed by removing or altering the supply of inorganic ions, than it is by interfering with the supply of organic food stuffs. For, in the latter case, the cell can oxidize the combustible materials present in storage within it, and even use up a portion of its own intrinsic substance before its activities come to a standstill." Metabolism of fats well illustrates this—"But, when the inorganic ions, forming a constituent part of the living cell, are altered, and equilibrium between the protoplasm and the ion thus destroyed, the cell activities are immediately affected, and, after a short period of pathological activity, everything comes to rest." Contemplate the processes of healing; review the formation of temporary capillaries; consider the principles thus far presented, and it is plain how cell activity is based upon the presence of ions of inorganic compounds in dilution in *intercellular fluid,* and of organic compounds, also, to be elaborated secondarily to the processes activated by the former! Gray, I think it was, who indulged the assertion that a man "is as old as his arteries."

The significance of this profound truth is now apparent, and the conclusion inevitable, that, if it be practicable to restore and maintain circulatory equilibrium, it is equally so to maintain the equilibrium of metabolism. If the normality of the intercellular fluid depends upon the mean pressure existing between the arterial and the venous systems, and it is within the power of the therapeutist to restore lost circulatory equilibrium, is it not an incontrovertible fact, that, other things equal, it is possible to bring a prematurely senile as well as a functionally deranged group of cells (an organ) into its proper relationship with the vital unit of the individual by, simply but understandingly, applying these few involved fundamental principles? At this juncture permit directing attention to the *fact* that, with the exception of the splenic corpuscles and a few perivascular lymph spaces of the *central* nervous system, the cells of all structures like cornea, skin, bone, cartilage, muscle, kidney, pancreas, heart, liver, etc., are *not* in direct contact with blood, but *are* in relation with what, for the purposes of this evening, will be designated *intercellular* fluid (Plasma).

Benjamin Moore cites an analogy with another form of energy transformer which makes our position thus far quite clear. "If the fires are banked under the boiler of a steam engine, the head of steam in the boiler will, for a longer or shorter period, keep the steam engine going; this comparable to the stopping of the organic food supply of the cell; but if there is a sudden burst of the boiler, if the cylinder head blows off, or if there be a break in any essential part of the machinery, then there is a sudden stoppage of the engine, often preceded by a very brief period of excessive activity; this is comparable with interference with the inorganic ions of the cell." Inorganic ions form, in fact, an intrinsic and indispensable part of the cell's structure, in absence of which it can no longer utilize its food supply, however abundant that supply may be, or suitable adapted for the nutrition of the normal cell. To this fact it behooves the dietetic therapeutist to accord *most serious study.* These effects, although they may be demonstrated in any living tissue, are, perhaps, best seen most typically in the case of the separated and perfused heart muscle.

"If the fluid caused to flow through the heart consists of distilled water, to which organic food stuffs in the form of dextrose has been added, the heart almost instantly ceases to beat. If the experiment be re-

peated with a fresh heart, using a solution of sodium chloride instead, and of such concentration that it is isomatic with the serum of the animal, there ensues a considerably longer period, perhaps of some minutes' duration, before the heart beat disappears. The sodium chloride solution, however, although possessing the proper osmotic pressure, is unable for any considerable time to preserve the heart muscle cells in a normal condition.

"By supplying the proper osmotic pressure (concentration) it has prevented the cells from being suddenly broken up, but it has a zero pressure for certain ions indispensable to the heart's activity; these have slowly diffused out, and the period of the heart's action has been determined by that *moment* at which the concentration in the protoplasm has reached a certain minimal value.

"The most important ions which have been washed out of the myocardial cells by the current of pure sodium chloride solution, are the potassium and calcium ions, it still possesses abundance of combustible organic material to furnish energy for its contraction, but the structural mechanism or machine can no longer draw on their supply of stored energy. That this is true is proven by the effects of adding quite minimal traces of soluble salts of calcium and potassium to the pure sodium chloride solution; the heart spontaneously commences to beat, and goes on for hours, or even days, in a regular automatic manner." Of course, the dose, so to speak, must be *proper,* for if too little be supplied, on the one hand, or too much on the other, the end in view *will be averted.* Feeding must be conditioned upon a parallel law or fundamental principle, in that class of diseases requiring proper food supply for the restoration to health—the gouty, diabetic and obese, for illustration.

The conclusion is inevitable that living cells present phenomena or signs of life which are in sharp contrast with the same cells, if dead, recently dead, *i. e.,* before changes are physically or chemically demonstrable, and, to again quote Stirling and Landois, who in spite of the assertion made in their introductory remark that "this (the vital properties of cells) consists in the capacity of organisms to assimilate the matter of their surroundings and to work it up into their own constitution so that it forms for a time an integral part of the living being, to be given off again"—What, in the light of these facts, are we to say as to the ætiology of disease? Does the "what is it" of the spirochæta pallida enter into such association or into actual combination with the protoplasm and bioplasm of cells and, for a time, form or constitute an integral part of the living being? If dissociation only occurs function continues, but when a true combination occurs organic change is accomplished and permanent alteration of structure and function conditioned. And does mercury, acting upon the same principle, also form a something which has the ultimate effect of neutralizing the former and thus restoring metabolism to the normal and of course function, and thus cure? Can chemical analyses *alone* contribute to the affirmation or denial of these facts? Can the profession, therefore, be willing to accept official approbation or disapprobation regarding this and that medicament submitted to it through the agencies of commercialism? Think about this and see how, as things are, we are subject to the vagaries of graft and abuse and indifference, if, indeed, not the carelessness of officials who rely almost exclusively upon the test tube when reaching conclusion (Chemistry only).

The above citation supplies a good definition for metabolism which these authors state to consist in the introduction, assimilation, integration and excretion of matter. Influences or forces causing cells to perform these functions, fail utterly to effect any vital response, when these same cells are devitalized or dead! The term metabolism, because of its conventionally unlimited application, embodies so wide a field that it may be well to limit its scope this evening, to that which is so well defined by Cattell in Lippincott's New Medical Dictionary, to wit: The process by which living cells or organisms are capable of incorporating substances obtained from food into an integral part of their own bodies; the changes that proteids and other constituent substances undergo in the body. It is constructive (anabolic) when the substances become more complex, and destructive (catabolic) when it becomes simpler by the change.

Sufficient has been adduced to demonstrate that departure, either in a plus or minus sense, from a standard of activity, constitutes a disturbance of metabolism, *i. e.,* of metabolic equilibrium and that, consequently, disease is either of anabolic type on the one hand, or catabolic on the other. Proper treatment, involving, as it must, the application of the fundamental principles of natural laws, is foundationed upon: First, correct diagnosis; second, a masterful

knowledge of the involved medical sciences. It is by no means always an easy matter to determine to which of these two great natural groups certain diseases belong. For illustration, consider uricacidæmia, lithiasis, or gout, which ever you please to call it. Contemplating this very prevalent disease from the viewpoint of the equilibrium of metabolism, and recalling, to again quote the above named authors, that, by the expression equilibrium of the metabolism is meant that, under normal physiological conditions, just as much material is absorbed and assimilated from the food as is removed from the body by the excretory organs, in the form of effete or end products, the results of retrogressive tissue changes, it is very easy to recognize that Haig's theory of gout may as readily be incorrect as correct, and treatment based thereon, equally so. At this juncture, permit quotations from Leonard Hill's work, entitled Recent Advances in Physiology and Bio-Chemistry. Experiments on any form of energy consist in observing the interactions between *it* and other forms; in studying the *nature* of the transformer, and of the changes, if any, that occur in it.

The structure of the cell must hence be taken up from the point of view of its function, and we must study the chemical and physical composition, the effect of the constituents upon one another, and upon the *medium in which the cell lives!* To this essential condition, THE MEDIUM IN WHICH THE CELL LIVES, especial attention is directed. Its importance is self-evident, when we recall the relationship of cells with intercellular fluid. Certain laws of the sciences of physiology, chemistry and bio-chemistry now intrude the territory of the clinician, and the origin of this intercellular fluid, first, logically engages attention.

Its source can be but one, *the arterial system.* That vital processes yield end products is a fact too well understood to require more than mere mention. That the necessary removal of these from the theatre of action can be accomplished only by this intercellular fluid, is equally apparent.

Intercellular fluid serves, therefore, three principal offices: First, it supplies principles essential for cell life; second, brings to the cell those principles necessary for the performance of cell function; third, it receives the products of both cell life and cell function, whence they are distributed to the economy as needed, by processes not now necessary to be elaborated.

Intercellular fluid is, therefore, almost entirely the *sine qua non* of life and health. Health is conditioned, for what are now self-evident reasons, upon the normality of this medium or cellular environment. Intercellular fluid occupies a place between the arterial system on the one hand, and the venous on the other, and, as the direction of the circulatory current is from the former toward the latter, there intrude for consideration and application certain laws which are vitally and indissolubly associated, and created—the expression is advisedly employed—created, with the sciences of structure (anatomy), function (physiology), chemistry and pathology; biology is more or less included with these. As time is pressing, consider briefly chemistry. This science, to quote Leonard Hill, "affords us one of the most powerful experimental engines in conducting such experiments (as engage our theme) for the reason that the living cell is, in structure, a complex solution containing both crystalloids and colloids, and that the chemical reactions occurring in the cell are reactions in solution. Accordingly, although the whole matter *is* profoundly affected by the FACT that the CELL IS ALIVE, it is evident that our knowledge of cellular activities must be based on knowledge of the properties in solution both of colloids and crystalloids; of the reactions in solution; the velocity of such reactions, and the conditions of equilibrium; of the mutual effects of crystalloids and colloids upon one another, when in common solution; and of the effects of the living cell as a peculiar energy transformer upon osmosis and diffusion." Another fundamental principle is here to be cognized, and when it is borne in mind that in high dilutions ions are the more readily liberated, as it were, its importance in therapeusis becomes apparent. This is well illustrated in contemplating the heart beat which we earlier considered, but from a different viewpoint.

Knowledge of physiology, in a liberal sense, demonstrates that the low molecular constituents of myocardial intercellular fluid are instantaneously utilized by the cells, when accomplishing a contraction. Immediately, therefore, after this contraction the intercellular fluid is hypotonic and, unless its normality is at once restored, the next contraction will not occur. By the processes foundationed upon the physical, chemical and bio-chemical laws thus far presented, the cellular environment functionally altered as a consequence of effect-

ing a myocardial contraction becomes normalized, if you will permit the expression, in an infinitesimally small time, and so the function continues. Remembering that, in position, intercellular fluid stands between the arterial and venous systems, bear in mind that the normality of this fluid, other things being equal, depends upon the mean pressure existing between the arterial system on the one hand, and the venous on the other. In the heart it must be respectively the coronary arterial and the venous. The same principle obtains *for any arteriovenous area.* The significance of this fact is appreciated when the *local* characteristics of senile arteriosclerosis is recalled. It is well to keep in view the fact that local disturbances of this mean pressure do occur any and everywhere for the reason that local diseased conditions cause them. Having demonstrated that a *living* cell is an energy-transformer *peculiar to it alone,* and different from any energy-transformer known to the physical and chemical world; that its life is conditioned by its environment; and this environment must be in a physical, chemical and biologic sense normal; that its power to perform the specific function with which it has been created depends upon its (the cells) normality, and the proper supply of material to be functionated, as an hepatic cell for liver functions, renal for kidney, etc., we may be permitted to at once review very briefly a few principles illustrated by proteid metabolism.

In type, the metabolism of proteids is catabolic and results in about 90 per cent. being discharged from the body in the form of urea. We well know that the end products are urea and CO_2. From 100 grains of proteid there are approximately 30.9 of urea found, containing only 6.9 of carbon out of the 52 or more contained in the proteid, therefore, it is plain that nearly 90 per cent. of this carbon is disposed of in different ways, and finally leaves the body dissociated from the N as CO_2. To elaborate the processes underlying these results is impracticable in this evening's study, and we must be content with quoting the results just stated, and, as time presses, it is pardonable to liberally quote Leonard Hill in his recent volume entitled Further Advances in Physiology, as the facts to be presented are so tersely put.

"The most essential and, as it were, the central constituents in building up the excessively complex physico-chemical aggregation which we term protoplasm or bioplasm, are the protein bodies—by means of the proteins, the fats and carbohydrates are knitted together with the variously constituted proteins themselves, and with the ions of the inorganic salts, to form a united system. The component parts of this system are only lightly held together; each is held in by the pressure of a free portion of it in the cell fluid, and, for the life and activity of the cell, it is essential that the osmotic pressure of each constituent should be, within a certain range, so that it neither becomes fixed quite permanently nor so completely liberated as to be absent from the cell, when it is required for the chemical transformation which yields the supply of energy to the cell." (We cannot more than refer to the problem whether or not "influences" when affecting cell protoplasm and bioplasm do or do not form chemical compounds, or act by merely forming associations and not combinationss—reference to textbooks supplies desired data covering this extensive field.)

"During the molecular vibrations which accompany this labile equlibrium in which the intensities of attachment of the various constituents of the bioplasm are all the time varying, the oxidizable organic substances, viz: the protein substances themselves, the fats and carbohydrates suffer temporary molecular disruptions, during which the O also held in the bioplasm comes into union with them, and the oxidized products, as they increase in pressure, are shed from the cell. It has been already shown that the inorganic ions exercise the functions in the cell by favoring these chemical disruptions, for when by lowering their osmotic pressure in the cell fluid they are dissociated off from the bioplasm, the oxidation processes which form the chemical basis for the cell activities also come to an end."

Is it not evident, now, that as these varied processes are conditioned upon the normality of intercellular fluid, and this in turn depends upon the mean pressure existing between the arterial system on the one hand and the venous system on the other, that all therapeutic measures, if to be successful, must be applied under conditions of maintaining circulatory equilibrium? If this be true, the administration of circulatory remedies as digitalis or what I prefer because of its definiteness, digitalin Germanic Merck—Digalen—or a standardized tincture, will secure success which otherwise properly exhibited remedies could not achieve until the lost circulatory equilibrium was restored. The practical value of

these principles embodies a very wide field, and places the merely cardiac pathology for digitalis into an insignificant corner. The role played by what we term vital force is now conspicuous when it is affirmed that, up to the present time, it is impossible to reverse the processes just described, and artificially as it were, synthesise any of the proteins of the cell or body fluids, and still less to build these up synthetically with the other constituents into bioplasm or living matter!

Many topics germain to our theme must be passed over, and attention briefly given to the classification of the organic radicles which form the "building stones" so to speak, for the protein molecules. "We have three natural groups or classes: (1) Those which are purely organic bases; (2) Those which are entirely organic acids; (3) Those which possess properties enabling them to act in a modified manner as either organic bases and organic acids—this latter group is most characteristic and not sufficiently considered by therapeutists.

"This third group is known as the amido-acids, and to them the proteins owe their peculiar property of building up such complex bodies of high molecular weights. The simplest type of amido-acid contains one organic acid radicle and one basic radicle, the acid character being given by the carboxyl group COOH and the basic character by the amidogen group NH_2. The simplest example is glycocoll or glycene which is the amido-acid of CH_3, COOH acetic acid. This is purely acid in its properties, combining with such bases as ammonium. If the ammonia instead of neutralizing the carboxyl group becomes attached with the loss of one atom of H, as the group amidogen (NH_2) in the methyl group (CH_3) there is formed instead the body $CH_2(NH_2)COOH$ which the amido-acid. The carboxyl group COOH being still free, the amido acid retains acid properties, but in a lessened degree on account of the presence in the molecule of the basic group (NH_2). The presence of the basic group also at the same time confers the properties of a base, so that the amido acid now has the peculiar property of being able to functionate either as an acid or a base. Thus with Cu it forms a deep blue soluble compound called copper glycocoll, and when in union with other organic acids it forms the important and well-known substance found in the body as hippuric acid, a compound of it and benzoic acid, and the compound with cholalic acid occurring in the bile as glycocholic acid." Sufficient has been quoted and opinion interpolated to allude to the practical application of the principles, so briefly and imperfectly adduced. *As the living cell is an energy transformer separate and distinct from any other,* clinicians must guard against the fiat of the laboratory *if such fiat is based exclusively upon experiment conducted only in vitro.* Conclusion so based, because it ignores the biologic and empirical, is necessarily imperfect, erroneous and often seriously misleading. It must, on the one hand, deprive therapeusis of many valuable medicaments empirically demonstrated to be essential, or intrude into practice a horde of pharmaceutical curiosities constituting products whose chief use is to fill the treasury of conscienceless commercial manufacturers or give opportunity for foreign manufacturers to acquire unjust advantages over home industries, by the abuse of copyright and patent laws and to thus burden afflicted humanity with "extortion prices"—experiments conducted in vitro, alone, when performed under associated vital conditions, are frequently so profoundly "influenced" as to invalidate, yes, emasculate the more accurate results otherwise interpreted. Considered from the viewpoint of the conventionally established official recognition of our materia medica, it is incumbent upon the profession to require that official investigation be made not alone upon chemical conditions but empirical, physiological, chemical and biochemical, *i. e.,* not any one of these, but *all.*

Consider the question of dietetics if based alone upon the caloric value of the three great types of food, and as *chemically* determined. Have we not shown that the role played by the *living* cell is such as to compel the clinician to intelligently adapt diet to each separate individual? This, it may be remarked, is possible only to the thoroughly qualified practitioner. That, to administer so many calories in the form of a proportional proteid, carbohydrate and hydrocarbon diet based upon the chemical alone is improper, is demonstrated by the plus and minus results of the dietetic treatment of gout, according to Haig. Where it succeeds it is accidental, and the same may be said where it fails.

There is probably nothing that parallels so faulty a phase of therapeutics as diet based exclusively upon the chemical, and the criticism applies equally to the materia medica, which, because of deplorable ignorance, is becoming ignored. The red meat and the white meat absurdity, so

prominent in the treatment of the so-called uric acid diseases, should at once disappear from the "archives" of therapeutic literature. In its place should be the *proper* use of meat, whether red, white or blue. Dieting should be determined by an intelligent application of the fundamental principles so briefly reviewed, and adjusted to the demands of *each individual case,* because, as no two individuals are alike in their physical, chemical and biologic characteristics and, most certainly, in their activities and habits, it is incumbent upon the qualified practitioner of the healing art to "make the punishment fit the crime." The metabolic epiphenomena of the victim of the tubercle bacillus should at once cause clinicians to seriously calculate whether or not it is right to subject him to the reprehensible *routine* method of the present, consisting of a crude and unintelligent exposure of every one so afflicted, to the stress of weather, exposure to cold, dampness and high winds, to say nothing of the fearful consequences, so frequently observed, of that new form of gastrointestinal disease directly consequent upon the ignorant overdosing with quantities of raw eggs and volumes of milk that would most certainly overwhelm the digestive and assimilative equilibrium of most vigorous and healthy individuals. What would an intelligent use of these achieve? It is a well-known fact that the human economy must be supplied with a certain quantity of the three respective types of food, and that, if an unintelligent deprivation of any one be continued, the body can, vicariously as it were, elaborate any one required, from one or other of the remaining two. The origin of fat in the human body beautifully proves this fact. The hitherto too extreme deprivation of carbohydrate food from diabetics constitutes another lesson and it is now well known that conditions under such a regime arise, rendering it incumbent to allow a proper quantity of starch and even sugar if impending death is to be averted, and life prolonged.

What may not be said of the diet for gout, rheumatism, lithiasis or whatever you choose to name it, and diabetes? Reference is made to that group of metabolic diseases attributed to the so-called uric acid diathesis. We have shown how certain amido-acids and compounds thereof can functionate under acid and basic environment; is it not, therefore, self-evident that, under conditions recognizable, it is a therapeutic blunder to deprive such sufferers from "acid" as is so commonly done? The proper treatment of this group of diseases consists in the application of the principles reviewed, and embodies the intelligent interpretation of the analyses of the urine in conjunction with correct readings of the symptom complex as conditioned by the vital. T. B. Leathes, in his brochure—Problems in Animal Metabolism, illustrates this by the following citation of four experiments conducted by Landergren on a man of 70 kilograms. These demonstrated that if carbohydrates were given in sufficient quantity to provide from 38 to 45 calories per kilogram and no N except 1 gr. daily, which was inseparable from the forms of carbohydrate food employed, then the N excretion sank on the fourth day to from 3 to 4 gr., or about 1-5 the amount ordinarily excreted. Chittenden is authority for the assertion that men undergoing military training and students engaged in severe athletic competitions maintain their weight and nitrogen equilibrium on a diet containing only 30 to 50 per cent. of the quantity of proteid which has commonly been deemed normal for man.

It may be, therefore, to employ the language of Leathes, that "the conventional dietary of 100 gr. of proteid or more should be very considerably cut down, and that that part of the allowance of proteid which is merely denitrified and used by the body in non-nitrogenous forms, should be habitually replaced by carbohydrates, and, in part, by fat. But it is not unphysiological for man to take more than the minimum quantity of N necessary for equilibrium any more than it is unphysiological to take any food that yields more than the minimum amount of fecal refuse. The experiments on the nitrogen minimum establishing an amount that holds for a few days or weeks do not necessarily prove that it holds for prolonged or life-long use." It is the conclusion of imperfect experimentation here depicted, that finds the profession too commonly misguided by purely laboratory dictum, which, obviously, is too frequently premature and erroneous. Hence the extremes so common among therapeutists. This fact is well shown by reference to the common practice of regarding the so-called relationship of CO_2 and urea excretion as expressive of morbid processes, in an exact sense.

It is now known that the two end products of proteid metabolism CO_2 and urea are to a great extent, produced independently of each other, and that the "reactions" which result in the discharge of the N are not those in which the energy is set free,

work done and CO_2 produced. "It is well known that a great portion of the N may be removed from the proteid, converted into urea and be eliminated through the urine before oxidation of the rest of the molecule be even started, and even though the larger portion, if not all the N of the proteid, can be traced in the urine excreted in a given time. No information is thus given us about the fate of that part of proteid which contains from 80 to 90 per cent. of the total energy of proteid food." Thus the conclusion is inevitable that so far as the evolution of energy from proteid metabolism is concerned it may, in its exothermic stages, be almost entirely non-nitrogenous metabolism. "The custom, therefore, of regarding so much urea in the excreta as indicative of so much proteid having been used up, and of calculating the total energy corresponding to that quantity of proteid, and concluding that that amount has been derived from the combustion of proteid, may be entirely based upon a misconception." The subject is so large and time so pressing that, with the phases so briefly presented, our theme will be regarded as having been sufficiently elaborated to admit of the following conclusions:

The results constructed solely by a chemical interpretation of the phenomena under consideration are insufficient, and therefore necessarily frequently erroneous and misleading. It is essential for correct procedure that, with chemical investigation, biologic conditions, also physical, *i. e.*, physiological laws and principles, must be applied; that facts empirically demonstrated must, by the profession, be recognized both officially and individually, if the best results and highest achievements vouchsafed to the healing art are to be secured. Such a position prevents an invasion of the materia medica, on the one hand, by nostrums and pharmaceutical curiosities which are worse than useless, and, on the other, prevents the deprivation of the materia medica of many valuable medicaments, essential for the highest achievements of the healing art. Do not forget the one great principle based upon the normality of intercellular fluid, viz: *always balance the circulation;* for, by so doing, measures otherwise proper but failing, because of conditions now understood, will prove to be successful as well as the best. These apply with equal force to matters of clothing, diet, exercise, rest, the use of the forces, and last, but not least, the materia medica.

Replying to the question referring to administration of circulatory stimulants when arterial tension is high, reference is made to the fact that arterial tension expresses two opposite conditions. There is increased arterial tension and rarely encountered, due to an active or hyperfunctionating, propelling force both by the heart and arteries. Here digitalis and its derivatives should not be used. Consider the old leather fire hose. The engines are pumping water through with a certain force. Apply to the orifice of outlet, without augmenting force of engine, the branch pipe—the physical condition so frequently obtaining in the more usual types of arteriosclerosis—then we have an increased arterial tension registered which continued, as it must be, soon wears out the pump and the hose. *Then* the vis-a-tergo fails. The outflow diminishes, but the vessels are tense with distention. Two therapeutic principles must now be invoked, stimulation of the myocardium and arterial system and at the same time increasing the rate of escape from the periphery. Digitalin-Germanic, Merck, I prefer, because of its definite power easily apportioned to the particular case, and at the same time veratrum viride. This strengthens the cardiovascular mechanism, improves metabolism and function as is now understood, propels the arterial mass and by dilating the arterioles removes the vis-a-fronte. Whenever arteries are tortuous and distended and the accompanying vein more so, the latter plan of treatment is in a crude, yet quite reliable manner, indicated. Senile arteriosclerosis offers the larger number of cases where this apparently contradictory therapeusis is needed.

INDICATIONS FOR OPERATING IN ECTOPIC GESTATION.

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A few years ago, when one opinion was held as to the time to operate in ectopic gestation, the title to such a paper as this would have sounded foolish, so also a few years further back would one titled: "When should operation for salpingitis be deferred?" The past few years, however, have seen eminent surgeons rise in defence of deferring operation in ruptured ectopic pregnancy.

A disease that has such high rate of mortality and occurring once in every five hundred pregnancies, as given by Hirst, and forming seven per cent, of all laparotomies

taken from reports of ten hospitals is well worth discussing.

All agree that there is but one treatment in ectopic gestation, and that is to operate, and all agree that before rupture operation should be performed as soon as possible, under elective conditions. The ruptured cases, however, are rarely diagnosed. This should not be the case, and it may be well to first take up the important symptoms and diagnostic features of ectopic gestation before rupture.

In Dr. Philander A. Harris' series he says: "More than ninety per cent. of the one hundred thirty patients consulted a physician on account of symptoms referable to the pelvis before the tragic stage was reached. Only about twenty per cent. of the physicians consulted in the non-tragic stage arrived at a correct diagnosis." He says: "When any woman, after puberty and before menopause, who has menstruated regularly and painlessly, goes four, five, six, ten, fifteen or eighteen days over the time at which menstruation is due, sees blood from the vagina differing in quality, color, quantity or continuance from her usual menstrual flow, and has pains, generally severe in one side of the pelvis or the other, or possibly in the hypogastric region, ectopic gestation may be presumed." The woman has usually had children, but the last some years ago. In reading a great many reports of these cases, I have found that in nearly all a history such as this is given. The tarry, smeary, and sticky flow is thought by some to be pathognomonic.

In uterine abortion, the most common mistake for extra-uterine pregnancy, the attack is less sudden and pain less severe. Ladinski says: "An invariably reliable sign of early uterine pregnancy is found in the peculiar elastic feel of a small area in the anterior wall of the uterus at the junction of the body and the cervix. Likewise the absence of this sign in the anterior wall will preclude a diagnosis of uterine pregnancy." Uninterrupted tubal pregnancy, as such, does not cause a rise in temperature.

When should operation for ruptured ectopic gestation be performed immediately, and when should it be deferred? Dr. John C. Clark says that if he sees the patient three or more hours after rupture and the pulse is not so rapid and is good he would wait; but if the pulse is rapid, weak, the patient is pale, there is air hunger, etc., he would operate immediately under favorable surroundings, otherwise he would wait and give the patient all the chance possible. Dr. Hunter Robb and others think that when a patient is seen in a state of collapse, as the result of a ruptured ectopic sac, she should not be operated on until the condition of shock has been tided over.

Why should operation be deferred? Because these patients, when they die, very rarely die from loss of blood alone, as has most universally been supposed, but from shock. Robb says: "Tubal abortions occur in about seventy-five per cent. of all ectopic pregnancies. When a tubal rupture takes place, the sac is generally expelled from the ampullary portion of the tube through the fimbriated extremity and with the expulsion of the sac or its contents there is an outpouring in varying amounts, but the quantity of blood thus poured out is seldom, if ever, enough to produce a fatal result, as under these circumstances only exceptionally are any of the large blood-vessels injured. Many of these patients undoubtedly recover without any further serious symptoms."

A patient can lose, according to physiologists, an amount of blood equal to three per cent. of the body-weight and still survive. A woman, therefore, weighing one hundred fifty pounds could lose four and one-half pounds without fatal results. It is a question in the minds of many whether that amount is ever lost in ectopic gestation. What is often mistaken for blood alone is a combination of peritoneal fluid and blood.

In the language of Robb, "Bleeding points are seldom found, and if bleeding begins as soon as the surgeon begins to handle the structures, how can he be sure he is not responsible for the hemorrhage that is occurring? Seventy-five to seventy-eight per cent. of ruptures occur through the fimbriated end of the tube, and are tubal abortions, not more dangerous, as far as hemorrhage is concerned, than those occurring through the cervix. The next most frequent place of rupture is the isthmus, also free from large vessels. Rupture practically never involves ovarian or uterine vessels. The placenta is generally attached to the posterior wall of the tube and as rupture is generally through the anterior or lateral walls, the placenta is not lacerated, but retains its firm attachment to the walls of the tube and is subjected to pressure."

Dr. Clark says that he has practiced gynecology twenty years and has seen only one case of ectopic gestation die from hemor-

rhage. In one hundred consecutive cases seen by Simpson in almost all phases of the disease, he saw none bleed to death at time of rupture, though, he says, two died of hemorrhage, one at time of choice, one at immediate operation. If the amount of blood lost would in itself cause death, the patient would seldom be seen in time to be saved.

In a pathological report of a case that died on the operating table while being operated on for ruptured ectopic gestation, Dr. Welch says: "The abdominal vessels, as is well known, are capable of holding almost the entire amount of blood in the body. Sudden release of pressure on the abdominal vessels, by the removal of the blood from the peritoneal cavity permitted the vesesls to expand and receive a much larger volume of blood. In consequence of great reduction of volume of the circulating blood from the intra-peritoneal hemorrhage, the sudden accumulation of blood in the dilated abdominal vessels brought about a condition incompatible with the continuance of the circulation. This is not the case in ascites, because the process is slow and the vessels have chance to accommodate themselves."

The patient is in no condition to be moved from home to a hospital, and with unfavorable surroundings and hasty operations by inexperienced operators a large number of deaths are reported as due to septic infection following the operations.

Some of the best operators give forty to fifty per cent. as the death rate after immediate operation during shock. Of five hundred seventy-six cases of ectopic gestation taken indiscriminately by Simpson from the literature of the last five years, in one hundred fifteen cases operated on within twenty-four hours, there were twenty-six deaths or twenty-two and six-tenths (22.6) per cent. of mortality; in the four hundred sixty-one cases operated on later than twenty-four hours, there were thirty-one deaths, or six and seven-tenths (6.7) per cent. of mortality. Seventy-five patients in the one hundred fifteen were critically ill at the time of operation, and there were twenty-six deaths, or thirty-four and six-tenths (34.6) per cent. of mortality, whereas of twenty-four equally ill operated on later than twenty-four hours, there were seven deaths, or twenty-nine and one-tenth (29.1) per cent. of mortality, showing a difference of five per cent. in favor of deferred operation.

Simpson had seventeen cases of deferred operation in which there were syncope with air hunger, extreme pallor, and a very feeble pulse that exceeded one hundred forty beats per minute for at least twelve hours, at least one and one-half pints of blood was found in each case, and more than a quart in most, and one death occurred. By deferred operation Naugenhauser had one hundred thirty-five cases, with one death, and Stillwagen over twenty and no death. Many women not only survive the effects of a tubal abortion, but also recover even without an operation.

The opponents of deferred operation have asked why should operation be performed if shock dominates the gravity of these cases; they have usually simply referred to the teaching as "a step backward," "dangerous teaching," have declared that the exciting cause should be removed immediately, and so on. There are no arguments to such statements and they carry no weight. One man asked the question: "Who would not reopen the abdomen to stop a post-operative hemorrhage?" There is no comparison of this question with the one in discussion, because in post-operative hemorrhages it is usually a large vessel that has slipped and should, of course, be ligated immediately. It might be said that one should attempt to save the five per cent. by immediate operation, but this would be at the risk of losing a much larger number of those who would otherwise have been saved, as has been proved.

While these patients are kept waiting, what should be done? Simpson recommends absolute rest in bed without a single voluntary movement for a period sufficient to permit a firm clot to close the severed vessel, and he says that, as indicated by the use of clamps in vaginal hysterectomy, this probably exceeds forty-eight (48) hours. Robb says that if the hemoglobin has ceased going down, clotting in the vessels has taken place and operation can be deferred. Small doses of morphine should be given, external heat applied, and the Murphy treatment used.

In summing up, the conclusion is reached that, unless it is not necessary to move the patient, unless the surroundings are most favorable, unless the operator is competent, operation for ruptured ectopic gestation should be deferred until bleeding has ceased and the patient has reacted from shock; because it has been proved that death, except in a very small percentage of cases, is not produced by hemorrhage, but by shock, and shock added to shock in-

creases the danger greatly; because in some cases the sudden release of pressure on the abdominal vessels by the removal of blood from the peritoneal cavity, before the vessels have had chance to accommodate themselves, may cause death; and because statistics show that under all conditions and circumstances the average rate of mortality in those cases that have been deferred is lower than the average rate in those that have been operated on immediately.

Clinical Reports.

CASE OF SUTURE OF THE ULNAR NERVE.

Reported by Dr. August A. Strasser at the meeting of the Hudson County Medical Society, December 6, 1910.

H. P., aet 22 years, born in Sweden, and an electric mechanician by trade, came to consult me on August 14th last, for the relief of nervous dyspepsia. Incidentally he asked me to look at his right hand which was beginning to give him some pain and difficulty in the finer motions necessary for his work. The hand presented the picture of the typical *main en griffe,* with loss of the substance of the interossei, atrophy of the thenar and the hypothenar eminences of the palm of the hand, loss of the body of the abductor minimi digiti. There was loss of sensation in all of the little finger and in one-half of the ring finger. He had a scar of about four inches length, half way between elbow and wrist, involving the ulnar side of the forearm. Pressure over the ulnar nerve at the condyle causes pain down to the scar and part way into it. The history was that about two years ago he fell into a milling machine and had the muscles all chewed out that way. It was sutured and repaired but took quite some time to heal. I suggested the possibility of nerve suture to help him regain his power of using the fingers in the more intricate movements necessary in his work. He immediately jumped at the suggestion and, though warned that the result was by no means possible of guarantee, he insisted on taking that chance.

So on September 6th, a long incision was made in the forearm on the outer edge of the flexor carpi ulnaris. The fascia and the septum muscularis were split and, taking the ulnar artery as a guide, the proximal end of the ulnar nerve was readily found. The distal end of the severed nerve was found by enlarging the incision downward to the wrist and tracing the nerve upward, still using the relation to the artery as a guide. While the proximal end had retracted into a clump, pear-shaped and about five-eighths inch in diameter, the distal nerve was only about an eighth of an inch in diameter.

It was found that there was plenty of nerve tissue to bridge the space if the proximal nerve was stretched a bit, so it became feasible to remove much of the degenerated tissue in the clump of the proximal end. The distal end was resected about an eighth of an inch. Then a matress suture of O catgut was passed length-wise through both ends of the entire nerve, the respective sheaths being approximated by OOO catgut on a very fine needle. Fascia and skin were sutured back into place, each layer being bathed with a hot salt solution. A dressing was applied, with the wrist slightly flexed. The next day patient complained only of some pain in the ulnar notch of the elbow.

From September 21 he has been having almost daily massage and the result at this date is really astounding. The interossei are pretty nearly flush with the palmar surface again. The hypothenar eminence is rapidly regaining its contour; the sensation has returned to the last two fingers; the power to coapt thumb and any finger on that hand, a function that he had almost lost, has returned in full. He has a powerful grip and considers himself cured.

The notable feature of the case is the rapid return of the functionating of the ulnar nerve after complete disuse for the period of two years.

Case of Gastric Ulcer.

Reported by Dr. J. E. Allaben, of Rockford, Ill., in the Illinois Medical Journal.

Miss A. T., aged 46 years. At midnight May 20, 1909, while vomiting, the patient was taken with intense pain in the epigastrium. Patient remarked that she had "broken something inside." Her attending physician stated that shock was not pronounced and that the pulse and temperature showed but little change until 4 o'clock the following day. I saw the case about 5:30 on the afternoon of the same day; pulse 116, temperature 99.3, respiration 14. Moderate distention and rigidity of abdomen. Facial expression good. The previous history shows that she suffered greatly from stomach trouble since 1882, a period covering twenty-seven years. During these years she had sour stomach, "water brash," a clear, sparkling water would run out of her mouth, she being unable to control it. Pain was considerable and most pronounced three or four hours after meals and was relieved by taking food or by inducing vomiting. Pain was especially pronounced after 4 o'clock in the afternoon and during the night.

During the last year all of these symptoms became more pronounced.

The patient was transported 28 miles on a cot in a baggage car to the Rockford Hospital and operated on at midnight, 24 hours from the time of perforation. The perforation was directly through the pyloric ring, the ulcer apparently being halfway within the pylorus and half within the duodenum, and was about the size of a lead pencil. There was no induration whatever about the site of the ulcer. The perforation was closed with linen suture. The stomach was dilated and prolapsed to two inches below the umbilicus. The abdomen, which was filled with pus and gastric contents, was drained by rubber tubing. After closing the wound in the upper abdomen about the drains an opening was made in the appendiceal region and two rubber drains passed into the pelvis. The appendix was removed and a rubber catheter passed through the appendix stump into the colon about two inches and secured by a purse-string catgut suture. Through this catheter physiologic salt was administered quite freely, and later by the drop method. The patient made a good recovery. Mopping or irrigation of the peritoneal cavity was not employed. The catheter was removed on the fifth day. A small fecal fistula resulted, but closed permanently in a few days. Two months from the date of the operation for perforation I was obliged to do a gastrojejunostomy (posterior no-loop method) for pyloric obstruction, from which the patient made a rapid recovery.

A year has passed since the operation and the patient is in better health than for twenty-seven years.

Diffuse Sclerosis of the Superficial Veins.

Dr. Harlow Brooks reported this case at a meeting of the New York Academy of Medicine. It was of peculiar interest because it occurred in an individual very young for any form of venous sclerosis to develop, and especially because of the clear selective tendency manifested in the case for the veins of peripheral distribution with no evidence of other venous or of arterial involvement. He believed the selective tendency was no less frequent in sclerosis of the veins than in arteriosclerosis. It was often quite as evident and even more suggestive and striking since the general veins were so much less liable than the arteries to this type of lesion. The patient was a well-formed, rather sparsely built, boy of eighteen years. He entered the City Hospital complaining of pain in the left leg and thigh so severe that he was unable to walk. His family history was negative and he had never done heavy physical work or exercise. He had been a healthy child with the exception of a slight attack of pneumonia and several attacks of tonsillitis and pharyngitis. There was no history of previous disease nor of venous disturbance. Recently he had used alcohol very moderately. On examination he was found to show a complete thrombosis of the left internal saphenous vein extending from 8 cm. below Poupart's ligament down to the ankle. The course of the vein was marked by a hard cord bordered on either side by an indurated and tender red band. There was considerable edema and he suffered intense pain on movement. A circular point of sharply localized bluish discoloration was found over the vein just below the knee joint, evidently a gangrenous area. There were no other lesions of importance demonstrable except that the superficial veins of the entire body, notably those of the extremities, were prominent and palpably thickened. The hands were cyanosed and soon became edematous if allowed to hang down. Moderate exertion caused facial cyanosis. An examination of the heart revealed nothing of importance; no arterial thickening could be made out and there was no change apparent in the retinal vessels. The blood chart showed on admission a systolic pressure of 120 mm., which subsequently went up while the patient was in bed to 140 mm. The temperature varied somewhat but was mostly at the normal level. The urine was normal throughout. The blood examination showed little of importance and varied but little since he had been under observation. The coagulation time was considerably below normal, and the blood cultures were negative. The leg was wrapped in cotton and moistened with 33 per cent. alcohol, and citric acid and potassium iodide administered internally. The gangrenous spot sloughed out, the perforation quickly granulated and there was rapid absorption of the clot in the thrombosed vein. Upon the time of his discharge the circulation was not fully reestablished through it. The patient left the hospital after three weeks, walking and apparently well except for the thickened veins. With no other evidence at hand it seemed most likely that this selective venous sclerosis was induced by syphilitic infection either congenital or early contracted. However, no evidence could be advanced in support of the accuracy of this diagnosis. They knew that in syphilitic arteritis this selective tendency toward the involvement of certain specific vascular distributions had been well established and it might with equal force be directed to the explanation of this unusual case of diffuse superficial vanous sclerosis.—Medical Record.

Ruptured Ovarian Pregnancy.

Dr. C. C. Barrows presented this specimen at a meeting of the New York Obstetrical Society, October 11, 1910; as reported in The American Journal of Obstetrics, December, 1910.

Dr. Barrows reported the case as follows:

The patient, a married woman, 25 years old, was admitted to Bellevue Hospital, September 26, with the following history: Except for the fact that her menstruation had been irregular for the past eight months, having menstruated but four times during that period, the patient believed herself to be in good health. She had no pains, no excessive menstruation, no discharge of clots or membrane, no nausea nor vomiting, and, so far as she could tell, no changes in her breasts.

Her last menstruation, which she regarded as normal, was six weeks prior to her admission. She states that 24 hours before admission, after lifting a heavy tub, she was immediately nauseated, vomited profusely, felt weak, had a cold sweat and fainted. At the same time she felt severe, sudden pain in the lower part of her abdomen, more acute on the right side than on the left. When she revived the pain was still severe and with less severity continued up to the time of her admission to the hospital. She vomited twice between the time the attack came on and the time I saw her, which was at the time of her admission. She feels very

weak, has felt feverish, but has had no definite chill. She had a temperature of 101.4, pulse 124 and respiration 26. Her pulse was soft, easily compressible and her general aspect was that of one suffering from internal hemorrhage. The urine was normal; blood showed 4,800,000 red cells when she was admitted and within two hours afterward, while they were preparing her for operation and while I was being gotten, it dropped to 4,300,500; there was a leukocytosis of 18,000 with 90 per cent. polynuclears. Vaginal smear was negative so far as gonococci were concerned. I expected to find, on opening the abdomen, a ruptured tubal pregnancy. The abdominal cavity was full of fluid blood with few clots; the left Fallopian tube and ovary were normal, as was also the right tube. Lying below the right tube was the ovary, the size of a large walnut. There was a rupture of the ovarian wall and protruding from the rupture was a clot. This tube and ovary make up the specimen which I present.

It was sent to the Department of Pathology of Cornell University Medical College and Dr. A. J. Elser sends me the following report:

Specimen No. 3678 consists of a tube and a portion of ovary, also a blood clot which is irregularly spherical in shape about the size of a walnut. The clot appears to be partially surrounded by a capsule and at one point it shows tissue closely resembling placental structure. The tube is normal in size and appearance. Microscopical examination reveals numerous chorionic villi. The capsule surrounding the blood clot shows that it is made up of ovarian structures.

Diagnosis—Genuine ovarian pregnancy.

Drs. Cragin, Flint, Dickinson and Forster said, in discussing this case, that they had never met with a case of true ovarian pregnancy, and Dr. Cragin suggested that photomicrographs and drawings be made of this specimen for permanent record, which was done, and a plate appears with the report of the case in the American Journal of Obstetrics.—Editor.

Absence of Fallopian Tubes.

Dr. W. G. Spencer reports this case in the British Medical Journal, London, of October 1st. It is said that no case similar has been recorded: A single woman, aged 28, complained of attacks of pain in the right iliac region. She had never menstruated; she had never had a show of any kind. At about the age of 18 she first felt sharp pains in the abdomen around the umbilicus, and such pains have recurred with fair regularity every month, usually lasting three or four days. Gradually the attacks of pain became more severe. They began by a strange feeling in the right iliac region; then, as the pain increased around the umbilicus, she felt faint, trembled, sweated and had nausea. A very severe attack occurred in September, 1908, and another in the following November. Recently the umbilical pain had tended to spread round to the back and downward behind the left hip, the latter pain persisting between the attacks.

She was a well-grown woman with normal breasts, external genitals and hair. There was a well-defined normal hymen. By rectum a normal movable uterus with cervix was felt. To the right side there was felt bimanually an oval swelling in the ileocecal region resting on the psoas muscle. It was thought to be an enlarged appendix adherent to an ovary, separated from the uterus by a normal broad ligament. On the left side there was a smaller swelling, which was taken to be a tender ovary, while the left broad ligament seemed free. No furthur abnormality was discovered. The uterus was quite normal; in the place of each cornu was a pea-like knob. There was no sign of the main portion of the Fallopian tube on either side, but the round ligament was well-defined, and there was nothing else abnormal about the inner part of the broad ligament. Each ovary was enclosed in a pouch formed by peritoneal adhesions; the opening of the pouch into the general peritoneal cavity was directed backward; the peritoneal surface of the ovaries projected into the interior of the pouches. This surface of the ovary appeared normal, and on pricking one of the follicles fluid spurted out; but Spencer did not observe any sign of a corpus luteum of menstruation, nor any remains of blood clot or pigment whatever. In the wall of the sac where it was continuous with the broad ligament there appeared to be traces of the fimbriæ of the Fallopian tube.

Spencer then went on to search for the Fallopian tubes. A uterine sound was passed quite easily, and to the normal distance. He then laid open the uterine cavity by cutting transversely on the point of the sound, and tried to pass a fine probe outward through the coruna. But the lumen of the uterus did not extend into the pea-like knobs previously noted. On the left side the knob contained a small dermoid cyst enclosing sebaceous material but no hairs. On the right the knob was a mass of fibrous tissue. Spencer next slit outward the upper free edge of the broad ligaments, and split the layers without finding any trace of a Fallopian tube, except what appeared to be the fimbriated extremity fused in the wall of the ovarian pouches. The patient is now in very good health, has had no further attacks nor abdominal disturbance of any kind nor has she had any noticeable vaginal discharge.

Result after Eight Years Implantation of Silver Filigree for large Ventral Hernia.

Dr. Willy Meyer, of New York, presented this case at the meeting of the New York Academy of Medicine, October 7th, as reported in the Medical Record: Woman, 53 years old, upon whom he had operated March 1, 1900. In 1894, a vaginal hysterectomy was performed for myoma. Five weeks later, bilateral oophorectomy. After another month, extirpation of the left kidney on account of ureterovaginal fistula. Soon after being out of bed a ventral hernia appeared at the site of the median incision. A radical operation was performed with a good result. When she came under Dr. Meyer's care in 1900 she weighed 250 pounds and had an enormous irreducible omenta-intestinal hernia, with the aperture about midway between the symphysis and the umbilicus. Surgical help was demanded. This hernia had been pronounced by several surgeons as being inoperable. With the patient in the Trendelenburg position reduction of the hernia was accomplished with difficulty. The aperture was found to be round and larger than the palm of the hand. Autoplasty was out of the question. In order to

shut out the peritoneal cavity, the omentum was drawn down tautly and stitched to the peritoneum near the border of the gap. The parietal peritoneum was then closed on top of the omentum. There was primary union throughout. Five months later, however, she vomited severely and felt something give away at the hernial orifice. On June 29, 1901, an operation was performed. The omentum had torn loose from the right lower circumference of the aperture. Reduction of the intestines was done and the omentum was again stitched to the border. After sufficient undermining of the subcutaneous fat layer, a ready-made silver filigree pad, four by six inches, was placed upon the defect. It rested upon the omentum and adjoining abdominal wall, where it was stitched to the underlying fascia. The wound soon closed and had remained so up to date. In view of her weight (250 pounds) it was thought best to keep her on her back for eight weeks. The rupture had been radically cured. The wire pad caused her little discomfort. A little over three months after this operation, while washing dishes, she struck the region of the protected hernial opening against the corner of the sink. A sudden, intense pain almost made her faint. She must have torn the continuous suture at the time, causing one of the corners of the well-fastened filigree pad to come loose. Now there could be felt a slight omental protrusion. Nevertheless, the patient felt well and experienced little discomfort from this cause. Dr. Meyer intended to reopen the scar and repair the defect.

Unusual Case of Strangulated Hernia

Reported by Robert B. Dempsey, M. D., Vallejo, in the California State Journal of Medicine.

In presenting this paper to the medical profession, the writer is offering no new suggestions on the surgical treatment of hernia, but merely directing attention to a condition brought about by what in this age of clean-cut and aseptic surgery must be considered little less than a crime against the innocent and unsuspecting victim.

I was visited one evening by a man who complained of intense pain in the left inguinal region and an examination revealed a large mass, very tender to touch, indurated and inflamed. Constipation was absolute, not even flatus passing, abdomen much distended, face hippocratic, pulse small and tension low, subnormal temperature and moist skin. In fact, many of the symptoms of shock.

He informed me he had hernia since a child but had been cured some years ago by Dr. A. (who has recently had his license revoked for unprofessional conduct) by injections of a clear substance in solution, probably zinc chloride, into region of both rings and at various other places in the inguinal region.

It was plain at a glance that he had strangulated hernia, and as taxis failed to reduce it, I arranged to operate next morning. With the assistance of Drs. Fry and Bond the regular Bassini incision was made through the skin revealing a sausage-shaped tumor composed of the pampiniform plexus, vas, a loop of intestine, and hernial sac, all matted together by dense fibrous adhesions and grown solidly to the pillars of the internal ring. Within the abdominal cavity were numerous adhesions binding the intestines into a mass and firmly adherent to the peritoneum. The intense inflammations produced by the injections had caused the entire disappearance of the muscular fibres of the external oblique for quite a distance from the canal, leaving in its place a fibrous membrane, probably the sheath of the muscle, so thin as to be transparent, and loosely adherent to the skin, the fatty layer having disappeared, as had the muscular fibres.

The conjoined tendon of internal oblique and transversalis had numerous areas of heavy scar tissue distributed throughout its substance, and the only structure not affected was Poupart's ligament.

The cord was composed of vas, remains of numerous veins and arteries all occluded, and imbedded in a mass of fibrous tissue about three inches long and two inches thick, and within this mass was a knuckle of compressed intestine, causing the obstruction.

As the patient went to operation almost in a condition of shock and had stercoraceous vomiting while upon the operating table, little was done but to dig out and separate the knuckle of intestine, which required nearly two hours, remove some of the veins of cord and return the same to the abdomen, suturing the remains of conjoined tendon of internal oblique and transversalis over the cord, as in Fowler's operation, there being not sufficient left to form a floor for a new canal. The remains of the aponeurosis of external oblique were sutured to Poupart's ligament and the skin closed with a subcuticular stitch.

The history of the following month was that of an ordinar hernia. At present the abdominal wall is firm and if structures covering cord are sufficiently firm, hernia will probably not recur, as the intestines are firmly adherent to abdominal wall and cannot descend.

As it was, we did the best with the material at hand, but how much better had this man had a radical operation when all the structures were normal, than to suffer for years and nearly lose his life as the result of a procedure which should never be mentioned except to be condemned.

It seems that the injection method is still being used quite extensively, and though it may be safe in skillful and competent hands, the radical operation not only offers by far the best chance of cure, but is free from the dangers of strangulation by inflammatory bands as in this case.

Complete Subparietal Rupture of Kidney.

Reported by Dr. H. G. Bugbee, of New York, in a paper published in the Medical Record, November 5, 1910.

Patient R. O., aged 15. Family history negative. Past history: Ordinary diseases of childhood; otherwise, negative. Present illness: On February 19, 1910, while coasting downhill, his sled turned, throwing him violently against an iron post. The blow was received squarely between the ribs and the crest of the ilium. Immediately he passed into a state of collapse, was carried home, and seen by a physician who stated that he was unable to find any evidences of severe injury and expressed the opinion that the boy would be all right in a few days. His

mother states that he became very pale and cold, and complained of pain in his side. Two hours after the accident he voided an ounce of bright, bloody urine. One hour later, another small quantity of the same character was passed. He was now seen by a second physician, who advised his immediate removal. He was placed under my care at the Vassar Bros.' Hospital, in Poughkeepsie, nine hours after the accident. Physical examination on admission: A boy of medium frame, fairly well nourished; extremely pale; surface of the body covered with a clammy sweat; pupils dilated and sluggish; respirations slow and gasping; pulse thready, weak and irregular; temperature 97 degrees. The right side of the abdomen was filled with a rather firm, rounded, slightly movable, tender mass. The remainder of the abdomen was slightly distended, tender, and rigid on the right side. Rectal examination negative. I made the diagnosis of probable rupture of the right kidney, with extensive hemorrhage. Owing to the exceedingly poor condition of the patient, it seemed best to apply palliative measures, in the hope that he would rally sufficiently from the shock to render the operation a less grave procedure. He was placed in bed; pressure and cold applied to the abdomen; salines administered per rectum, and morphine (grain ⅛) given. After watching the patient closely for ten hours, with little improvement in the general condition, I decided to operate without further delay. An intravenous infusion of 400 c.c. of saline solution was administered and a rapid exploration of the right kidney made. The posterior vertical incision was made along the outer border of the erectorspinæ muscle and the mass exposed. The mass filled the loin, extending above the free border of the ribs, and below the crest of the ilium. Lying posterior to the peritoneum, it consisted of a completely ruptured kidney and blood clot. The whole mass was surrounded with fluid blood and urine. The pedicle was rapidly ligated and the kidney removed. Exploration revealed no injury of the peritoneum. The wound was packed, the bladder catheterized, four ounces of urine and blood were evacuated, and the patient returned to bed. The pulse, which was scarcely perceptible at the wrist, when the patient was placed upon the operating table, improved with the infusion, and remained strong throughout the operation, which lasted twelve minutes. Following the operation the patient's condition rapidly improved. Salines per rectum, and a second intravenous infusion of 400 c.c. were given. From this time on recovery was uneventful and complete. The first few days after the operation albumin and casts were found in the urine. On the fourth day the urine became normal, and has remained so ever since. The amount of urine has averaged 35 ounces a day. The patient left the hospital cured six weeks after the accident.

Sarcoma of the Testicles.

Dr. P. Sabella, in the surgical section of Policlinico, Rome, September, No. 9, cites this case. His patient was a young man of 23 with a tumor in the left testicle which on removal proved to be a sarcoma. Four months later he returned with an abdominal tumor which proved to be the undescended testicle, and this, likewise, was the seat of a sarcoma. The patient has been in good health during the eight months since. None of the glands seems to be affected. Sabella discusses the peculiar abdominal-lumbar location of the undescended testicle in this case and the occurrence of the sarcoma in both testicles with no apparent communication between them. He also reviews the literature on a constitutional tendency to neoplasms and the predisposition afforded by the undescended testicle.

Ehrlich-Hata "606" for Syphilis.

Dr. Herbert B. Wilcox, at a recent meeting of the Section on Pediatrics, New York Academy of Medicine, presented a girl, twelve years old, who was first seen at the Bellevue clinic suffering from periostitis and muscle pains of syphilis in November, 1909. After some weeks' treatment in the children's ward she returned to the clinic and was under weekly observation until August, when she developed a keratitis with severe inflammation of the entire eye, considerable hemorrhage, and marked photophobia. Under the usual treatment there had been no improvement at the end of two weeks; then Dr. M. S. Kakels injected 3 decigrams of Ehrlich's 606. In twenty-four hours the evidences of acute inflammation had almost subsided. The photophobia was correspondingly diminished. In the six days following the exudate and hemorrhage were rapidly absorbed and now the cornea was nearly clear. There was considerable pain and swelling at the site of the injection for forty-eight hours. The temperature rose to 101 degrees Fahrenheit on the second day, and was normal on the fourth day. The urine was examined daily and was negative throughout. There was a leucocytosis of 20,000 on the second day; this dropped to 12,000 on the fourth day. The Wassermann reaction showed a gradual reduction in intensity, being very weak at present. This patient illustrated the remarkable effect of the preparation of Ehrlich's on an acute inflammation due to the syphilitic poison. As illustrative of the action of the drug in clearing up products of inflammation, Dr. Wilcox reported the case of a boy, nine years old, who had a double keratitis which left him with barely light perception. He was sent to Bellevue for treatment. He was given 3 decigrams of Ehrlich's 606 and had no local reaction. The urine remained normal. The temperature rose to 101 degres Fahrenheit on the second day. There was a leucocytosis of 15,000 for two days. On each of the six days following the injection there was noticeable lessening of the opacity in both eyes and at the end of ten days he was able to distinguish small objects at a distance of five feet. The first patient gained eight pounds in two weeks following the injection. No record was kept of the weight of the boy.

Dr. Charles Herman reported a case of hereditary syphilis. The mother had been injected with Ehrlich's 606. The patient was a baby at the breast and received the supposedly curative substance in the mother's milk. He said that several cases had been treated successfully in this way by German physicians. Thus far, six days after the injection, the patient had not shown any distinct signs of improvement. It was extremely important that cases of hereditary syphilis should have breast milk. It had been suggested that in cases in which the mother was unable to give the breast a syphilitic wet

nurse should be injected with 606 and the baby nursed at her breast.

Dr. Alfred F. Hess reported three cases of hereditary syphilis treated with Ehrlich's preparation; in all disagreeable local symptoms developed after the injection into the buttocks. In one instance, a miserable marantic child developed necrosis six weeks after the injection. The children all had temperatures. The syphilitic symptoms disappeared. The injections were made by an experienced man and the solutions were neutralized.

Abstracts from Medical Journals.

Alcoholic Neuritis in Children.

Dr. H. Eichhorst reports, in Correspondenz-Blatt fur Schweizer Aertze, Basel, that he has encountered sixty-seven cases of alcohol neuritis at Zurich since 1884, all in patients over 20 except one boy of 8 who had complained for two years of pains in the lumbar region and increasing weakness in the muscles of the legs and back. The child was demonstrated before a class as an example of progressive pseudo-hypertrophy of the muscles with little hope of recovery, but the discovery that the boy stole out of his bed at night to drink the alcohol in the lamps, etc., cleared up the diagnosis, and under baths, massage and potassium iodid he was restored to health in a few months and he has since developed normally. The knee-jerk remained lively and there were no spontaneous pains or tenderness or paresthesias. The accumulation of fat in the paralyzed muscles was particularly evident in the calves and parts of the skin. The legs and lumbar muscles were the ones mainly affected, although there was some fibrillary twitching in the muscles of the arms. His father was a hard drinker.

Tics in School Children and their Interpretation

Dr. G. Paul-Boncour, in Le Progres med., September 10, 1910, believes that it is an error to suppose that tic in school children exists generally in degenerate, vicious, or weak children, as has been stated by some authors. The writer has made an examination of 1,759 scholars in the Intitiut Medico-pedagogique, with reference to the occurrence of tic and the mentality of the small sufferers. He finds that the children who had tic were to be found among the average scholars; their conduct was not so bad as had been claimed. Of the entire number examined 417 had tics. He finds that in very young children tic is rudimentary, and these children frequently have had habits learned at home. It is at about seven years of age that tic begins to increase in frequency, and is present very frequently at about the age of twelve. The proportion of children with tic is equal in the two sexes. At thirteen years their frequency decreases and puberty lessens them. Some of them are intellectually precocious. When a teacher does not interest his pupils it is noticeable that tics appear. Children frequently imitate one another. The treatment is easy in these children; whereas in degenerates it is difficult and ineffectual.—Amer. Jour. Obstetrics.

Mistaken Diagnoses.

Dr. Richard C. Cabot, Boston, in his oration in medicine at the annual meeting of the A. M. A., St. Louis, June 8th, had for its subject "A Study of Mistaken Diagnoses Based Upon the Analysis of 1,000 Autopsies and a Comparison With the Clinical Findings."

The following were his summary and his conclusions:

(1). Never make a diagnosis of uremia in patient seen for the first time in acute illness characterized by coma and convulsions. Such diagnosis rarely turn out right. (2) Never make a diagnosis of ptomaine poisoning without definite chemical evidence; general peritonitis or tabetic crises is usually the correct diagnosis in such case. (3) Make no diagnosis of hysteria, neurasthenia, or psychoneurosis in a patient whose symptoms began after the forty-fifth year; the correct diagnosis in such a case is likely to be arteriosclerosis, hyperthyroidism, dementia paralytica, or pernicious anemia. (4) Diagnoses of tertian malaria in patients whose symptoms have resisted quinine more than three days are almost invariably wrong. (5) Bronchial asthma beginning after the age of forty is usually spelled heart or kidney disease. (6) Epilepsy beginning after the age of forty is usually spelled dementia paralytica or cerebral arteriosclerosis. (7) Typical migraine is often a symptom of unrecognized brain tumor of chronic nephritis. (8) Most cases of bronchitis are tuberculosis, broncho-pneumonia, or multiple bronchiectatic cavities. (9) Aside from the immediate results of acute infections, such as scarlet fever, diphtheria, tonsilitis and pneumonia, acute nephritis usually turns out to be chronic. (10) Acute gastritis and gastralgia usually mean appendicitis, gallstones, or peptic ulcer. (11) Pus in or near the liver is often mistaken for a serous or purulent pleurisy, for it produces identical signs in the chest posteriorly. (12) An X-ray picture of the shin-bones may give the first hint of an active syphilitic process in the joints or internal viscera. (13) Systolic or presystolic murmurs heard best at the apex of a markedly enlarged heart rarely mean valve lesions. (14) Diastolic murmurs at the base of the heart afford very uncertain evidence of aortic disease unless there are characteristic jerkings in the peripheral arteries. (15) Myocarditis is a diagnosis which can never be made with any certainty. (16) Besides the direct evidence afforded by the history and physical and chemical examination, diagnosis profits much by taking account of certain familiar pathological chains or groups of items; given one or two members of a group it is often wise to act as if the others were present, provided, of course, that direct evidence in no way contradicts this assumption. (17) Cerebral localization applied to tumors, hemmorrhages, and the like is still in its infancy. (18) The clinical diagnosis of so-called diseases of the blood is still the easiest and surest in medicine.

The Clinical Significance of Depression.

George E. Price, in the New York Medical Journal, says that depression is an emotional state which may be either normal or abnormal; normally it is seen as the direct result of certain definite causes (sorrow, disappointment, ill health, or business reverses). Again, it may be temperamental. Many individuals are what

might be termed emotionally sensitive. There is also a class of individuals who seem always to live under a shadow; discontented, dissatisfied—the grumblers. In his article Price considers depression chiefly as an abnormal or pathological state, and it may be said to become abnormal when it occurs spontaneously, without adequate external cause. Depression should be considered not psychologically but clinically. Depression is present in such functional neuroses as neurasthenia and hypochondria, and in such mental diseases as melancholia, circular insanity, dementia precox, paranoia, paresis, and senile dementia. In considering these depressive states it is profitable to approach the subject first from the standpoint of age. In infancy and childhood there is no distinctive persistent depression; no true insanity with dejection; yet depression may be present and together with abnormal sensitiveness, introspection, self-consciousness, or self-distrust, may indicate an unstable nervous system and forecast a mental or nervous breakdown later in life. During puberty or adolescence, depression may appear as a symptom of dementia precox, melancholia, or neurasthenia. In early adult life we find melancholy the chief depressive state. Neurasthenia and hypochondria also contribute their quota of cases. As mature adult life is reached, the depression of early paranoia and of paresis is added to that of melancholia, neurasthenia, and hypochondriasis. In middle life, involutional melancholia is the dominating depressive state and, as old age approaches, senile dementia must be added to the already long list. Melancholy is par excellence the insanity of depression; yet depression is no more melancholy than is a cough, phthisis. Memory and orientation are preserved. Self-accusation is conspicuous. Early in dementia precox, it is common for the patient to pass through a period of depression, often associated with apprehension, fear, dread, because of the nature of his delusions and hallucinations. The whole picture of dementia precox is colored by confusion. The depression in hypochondria is dependent on this disturbance of the general somatic feeling; in seeking an objective cause such people arrive at faulty conclusions concerning the nature of the condition. Thus a trival cough becomes a phthisis, and an indigestion, a gastric carcinoma. The neurasthenic's depression is the result of his pathological fatigue. The neurasthenic does not become insane unless there is the additional element of neuropathy.

Use of the Autogenous Vaccines in the German Hospital, Philadelphia.

Report by Dr. J. C. DaCosta, Jr., in the Monthly Cyclopedia and Medical Bulletin, October, 1910.

The report embraced 50 cases, 17 of which were classed as septicæmia and 33 as local suppurative lesions, and suggested the following conclusions as to the utility of vaccine therapy in bacterial infections: 1. Autovaccines are of distinct service in the treatment of general septicæmia, especially in post-operative cases in which surgical measures have been ineffectual. Vaccines are useless in combating a sepsis so intense as to stifle resistance, and in such instances the clinical severity of the infection, rather than the identity of the offending bacteria, is the criterion of prognosis. 2. From the laboratory viewpoint, the prognosis is better in toxæmias than in proven bacteræmias, and the outlook is hopeless when streptococci invade the circulating blood. 3. Auto-vaccines produce the best results in local infectious lesions. 4. In the class of infections under consideration autogenous emulsions should be used invariably, except when some acute emergency calls for the immediate use of a stock preparation, in the meager hope of tiding over a crisis. 5. The opsonic index cannot be relied upon as an indicator for inoculation and re-inoculation, which should be governed by the general condition and local signs. 6. The best results follow a moderate initial dose of vaccine, with subsequent doses of greater potency and intervals of from three to seven days between the inoculations. 7 The larger one's experience with inoculation work, the more keenly must one realize how imperfectly the true scope and limitations of vaccine therapy are understood.

Cleft Palate.

Dr. G. W. Jones, of Lawrence, Kansas, read a paper on this subject before the Kansas Medical Society, which is published in the Journal of that society, December, 1910. The paper closes with the following summary:

We can disabuse our minds of the notion that there is loss of tissue in cleft palate.

The proper time to begin the correction of the deformity is at the tender age of 24 hours when Z. O. plaster in the hands of the general practitioner can do wonders in the way of facial cosmetics by bringing the parts in nice apposition for later surgical closure.

Lateral incisions, so universally practiced are neither necessary nor wise, as the lead plates will take off the tension and prevent sloughing of the flaps better than the most liberal incisions.

Taken in time, the most unpromising cases can be trained into normal facial lines that can be made permanent by later operation.

When the patient is a year or more old, a well fitted double threaded screw wired to teeth across alveolus can be tightened just a little every day until the margins of the cleft are brought into perfect apposition. This does not narrow the face as it only restores the normal relations.

The crushing operation, still practiced by some good men, is not only unnecessary, but is attended by such high infant mortality that the measure has no legitimate place in modern surgery.

Severing the levator-palati not only is unnecessary, but it is fraught with grave defects of both hearing and phonation.

The ideal time for surgical closure is anywhere from three weeks to nearly as many years and should never be deferred until the child has begun talking, as the defects of speech are not easily overcome.

After operating on the child of more mature years, it will be necessary to teach and actually to show him how to form certain words; especially those having the sounds of the dentals, and the sounds of "s" or "l," this is best done by having the patient practice before a mirror.

Looking back over the past half dozen years, the progress is seen to have been most gratifying; not only is this true in the treatment of

the adult cases, but it is equally true in the wise measures that have been devised to relieve infants of the handicap of this bizarre deformity; and it is the writer's hope and belief that the time has now come when no general practitioner in the entire country will permit a child he has ushered into the world to grow up without the intelligent pre-operative care that will quickly and surely place the little patient in condition for early and effectual surgical relief.

Diet before Operations.

Dr. R. W. Collum, in the British Medical Journal, states that if an operation in an otherwise healthy subject is to be performed at 9 o'clock in the morning, the patient should be left asleep, unless he awakes of his own accord, until at any rate 7:30, when he may be given his enema. Then, if he be accustomed to breakfast at about 8 o'clock, he may have a thin slice of bread and butter, or a small piece of toast, with as much tea to drink as he desires. He will then be able to settle down much more contentedly to his newspaper until the surgeon arrives. Tea is preferable to coffee, as the former is usually taken with considerably less milk than the latter. The author believes that more attention should be paid to the ordinary habits of the individual patient, in order to relieve him as far as possible from the discomforts of anesthesia. He mentions definite hours for meals (8 A. M. for breakfast, 1 P. M. for lunch, and 4 P. M. for tea) merely for the sake of convenience. If the individual patient under consideration be accustomed to take his meals at some other hours, these should be substituted for the ones indicated. An exception may be made in the case of breakfast if the patient should awake much earlier than usual on the morning of the operation. In this case, if he feels inclined for food at an earlier hour than usual, there is no objection to his having it then instead of later.

Acute Bone and Joint Affections.

Dr. John B. Murphy, of Chicago, delivered an address on this subject before the Pennsylvania State Medical Society in October.

Mr. Murphy said that ankylosis of joints occurred only where the bony surfaces came into contact. Therefore, in acute joint affections, to prevent ankylosis, extension should be put on. In the second place tension must be relieved not by incision, as that leads to obliteration of the cavity, but by aspiration. Following aspiration there should be injected into the joint a 2 per cent. solution of formalin in glycerin. In acute osteomyelitis in order to prevent destruction of bone it was essential to relieve pressure at once. This could be done with a knife and a gimlet. In case the bone was destroyed it could be restored by transplanting.

High Enemata.

Dr. Soper says that only where the sigmoid is abnormally developed can a soft rubber tube be introduced higher than six or seven inches in the rectum. A short tube six inches long is best for all sorts of enemata when using water for fecal evacuation. It is possible to cleanse entire colon by using a short tube of half-inch calibre.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The regular annual meeting of the Atlantic County Medical Society was held at the Hotel Rudolf on Friday, January 13, at 12 o'clock noon.

About twenty-five members were present and the meeting was harmonious and very enjoyable.

The reports of the chairmen of the various committees showed the society to be in a flourishing condition. From the Committee on Nurses' Directory a balance of $96.14 was reported and ordered given to the treasurer to be used for the general expenses of the society.

The Committee on Medical Library reported that the trustees of the Carnegie Library were quite willing to purchase any book or books desired by any member of this society and that the same would be placed on the shelves of the new medical library as promptly as possible.

The members present expressed a willingness to be put on record as opposed to the mentioning of physicians' names in the daily papers in connection with reports of accidents, treatment of patients, etc., and a committee composed of the censors of the society was appointed to interview the editors and reporters relative to this matter.

The resignation from membership in the society of Dr. George W. Stimson, who is now located in Pittsburg, was read and accepted.

The officers for the ensuing year (all re-elected except the reporter) are as follows: President, E. H. Harvey; vice-president, T. G. Dunlap; secretary and treasurer, E. Guion; censor, W. Edgar Darnall; reporter, Walt P. Conaway.

After the meeting adjourned, a banquet was served in the grill room of the hotel, to which the members and guests were invited.

BERGEN COUNTY

Frederick S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, January 10, at 8:15 P. M.

In the absence of the president and vice-president, Dr. John E. Pratt was elected chairman. After the regular order of business Dr. Henry Heiman, of New York City, was introduced as the guest of the evening and gave us a most interesting talk. Subject: "Pneumonia in Childhood." The subject was discussed generally by the members, and we all went home feeling better able to cope with this disease.

Dr. Guy L. Brewster, of Grantwood, was elected to membership. I enclose a copy of our new constitution and by-laws.

BURLINGTON COUNTY.

George T. Tracy, M. D., Secretary.

The eighty-first annual meeting of the Burlington County Medical Society was held at the Washington House, Mt. Holly, N. J., on Wednesday, January 11, 1911. The meeting was called to order at 1:20 P. M. by the president, Dr. J. Boone Wintersteen.

Dr. W. H. Shipps, for the Committee on Lodge Contract Practice, reported that comparatively little was done in the county. Where

contract work exists in the county, with two or three exceptions, it is done by the homeopaths or non-members. The following resolution was presented:

"Resolved, That the Burlington County Medical Society forbids members accepting or maintaining the position of society, club or organization physician for a less fee than that recognized by this society; and under any system of contract work the quality of medical services must certainly deteriorate and the public become the victim of inadequate and unsatisfactory care and treatment, the result of which is a shaken confidence in the physician's ability."

Dr. Enoch Hollingshead then presented his resignation as treasurer of the society. This came as a complete surprise to the members, and after some discussion the resignation was received with regret, thanking him most heartily and cordially for his twenty-nine years of faithful service.

Medical inspection of schools came in for its usual share of discussion, arriving at no definite conclusion. A committee was appointed to report in six months. Upon vote of the society the members agreed that either of the first two weeks of June would be the most desirable time for the meeting of the State Society.

The following officers were elected: President, Dr. J. Boone Wintersteen; vice-president, Dr. A. L. Gordon; secretary and treasurer, Dr. G. T. Tracy; reporter, Dr. M. W. Newcombe; censor, Dr. W. O. LaMotte. The following delegates were elected: To the State Society, Dr. J. Clifford Haines, and Dr. F. G. Stroud (alternate); permanent delegate, Dr. J. B. Wintersteen; to Camden County, Drs. J. Ridgway Haines and Peter Boysen; to Salem County, Dr. E. R. Mulford; to Gloucester County, Drs. F. G. Stroud and J. E. Bubell; to Bucks County, Pa., Dr. William Martin. The following chairmen of sections were appointed: Practice of Medicine, April meeting, Dr. Alex. Marcy, Jr.; Surgery, June meeting, Dr. R. H. Parsons; Obstetrics and Gynecology, October meeting, Dr. A. L. Gordon.

The president, Dr. J. B. Wintersteen, favored us with his annual address, "Some Recent Advances in Medicine, with Suggestions for State and County Society Work." A copy of the address was ordered sent to the State Society Journal for publication.

Upon invitation of Dr. Hollingshead it was decided to hold the April meeting at Brown's Mills in the Pines, April 12, 1911, at noon.

CAMDEN COUNTY.

Henry H. Sherk, M. D., Reporter.

The December meeting of the Camden County Medical Society was held in the dispensary building on the thirteenth of December, 1910, Dr. J. S. Baer presiding. The committee on scientific work announced the following program: "Criticism" (by request), Dr. Henry Chevanne, of Salem, N. J.; "Infant Paralysis," by Grafton E. Day, of Collingswood, N. J.; "Cancer of the Uterus," by Dr. J. W. Martindale, of Camden.

Owing to a crowded program and lack of time, the discussion on the papers was limited to a short time, hence did not receive the consideration which was their due.

Dr. Horstman Smith, of Haddonfield, and Dr. Hyman I. Goldstein, of Camden, were elected active members of the society.

The following resolutions were adopted and a copy ordered to be sent to every physician in the county of Camden:

"Resolved, That no member of this society shall accept or maintain the position of club, society or organization physician, or do, or agree to do, any medical or surgical work for any club, society or organization or body corporate or incorporate at a less rate than the regular customary charge for like service rendered by other physicians for patients not members of such club, society, organization or body corporate or incorporate.

"That in no case shall any physician agree to attend the families of the members of such club, society or organization at half price, or less price than the usual rate.

"That nothing in this resolution shall be construed as preventing any member from attending the worthy poor at a less rate, or from giving free service to those who are too poor to pay anything, or from acting as city, county or town physician or health officer, or from serving under any political appointment.

"That any violation of this resolution shall be considered unprofessional conduct and shall render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine."

CUMBERLAND COUNTY.

No Report Received.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

A regular scientific meeting of the Essex County Medical Society was held at the Public Library building Tuesday evening, January 10, 1911, to hear a lecture on Tuberculosis by Dr. Lawrence F. Flick, of Philadelphia. He urged combating the idea that consumption is a necessarily fatal disease and advocated a strenuous fight to make every existing case noncontagious. But this takes special training and knowledge. The initial fact to recognize is that the sputum (containing the bits of destroyed tubercles) is the only means of contagion, so that were it possible to sterilize every atom of it when thrown off by the patient any new case therefrom could be absolutely prevented, and, indeed, the disease be thus abolished on the ending of the existing cases. Among physicians and managers of general hospitals the prejudice against admitting tuberculosis patients must be broken down. This is to be done by physicians and nurses compelling in the patient a rigid observance of rules of hygiene, particularly in use of the paper sputum cups and napkins. The greatest setback the organism meets in its fight for immunity is reimplantation of the disease, notably from swallowing and reinhaling. In treatment, the following are cardinal points: (1) A diet fitted to the capacity of the patient, this meaning the greatest assimilation with the least digestive effort, and measured by the weight gained. "Forced feeding" must not be interpreted as stuffing; (2) Drugs are of value, when used with intelligent application, only for the purpose of helping some deranged physiology; (3) Climate must be

profitable to the patient. Not that a change is a specific; (4) Physical health in recovery does not mean restoration. A patient having become "well" is not cured. His danger is in lapsing in the regime at a time when continuance would be hopeful; (5) Rest is of utmost importance. Exercise (according to "amount" of tuberculosis present) becomes helpful, but error toward rest rather than toward exercise is vastly the less dangerous, as regretful experience teaches; (6) Stimulants, opiates, etc., have a very small place and are never to be used "p. r. n." Tobacco, to an habitue, may be allowed after dinner only. Abundant statistics show the chances of chronic users of alcohol are about one-half those of others; tobacco gives almost the same figures; (7) Air—free air—every breath of air absolutely not rebreathed—is indispensable; hence, outdoor life; (8) Tuberculins, bacterins and serums, especially tuberculins, use with discretion and caution. The opsonic index is not a practical guide. He has found the patient's own serum, reabsorbed from an artificially produced blister, as good as tuberculin. He came to this by noting improvement following the reabsorption of an effusion in a knee-joint; (9) Keep the emunctories specially open and excretion free. Avoid internal irritants. Epsom salts (small doses, even 5 or 10 grains) is the best single drug for tuberculosis and is not appreciated. Finally, know always the extent of the disease present as well as the complications. It is the latter for which he comes for treatment. There is great satisfaction in the treatment of tuberculosis, for it is easy and ought to succeed with appropriate knowledge and skill. Study and record everything in the case. Give time and pains. Remuneration should be commensurate.

Essex County Pathological and Anatomical Society.

Reported by Frank W. Pinneo, M. D.

The third annual meeting of the Essex County Pathological and Anatomical Society took place Thursday evening, December 8, 1910, at 67 Halsey street, Newark. This was a proud day for the society, meeting for the first time in its own rooms, and being, we are informed, the first medical society in Newark to be so independent. The president, Dr. Teimer, called the meeting to order. The secretary, Dr. Lowrey, read the minutes of the last meeting. The president's address followed. He reviewed the three years since organization and forecast a future of growing usefulness. A scientific paper, one of thorough excellence, we are told, he had prepared, but the volume of business to be transacted prompted him to postpone its reading and it is promised for a coming meeting. Dr. Lowrey then made a comprehensive secretary's report, showing 68 members (26 of whom were elected this year) and eight society meetings, monthly, except during the summer. At one, Professor Joseph Collins, of the Post-Graduate Hospital, New York, delivered an address on Syphilis of the Nervous System. At the other meetings there were presented by different members 38 specimens of pathology, besides 42 others from the Newark City Hospital, making 80 in all. At one meeting there was a demonstration of Edinger's projecting microscope, and at others a number of stereoptican views of microscopical pathology. The Board of Governors held 13 meetings. Dr. Harden, for the Anatomical Committee, reported three bodies dissected and urged more members making avail of the material. Dr. Wallhauser reported for the House Committee the steps which led to the renting and furnishing of these rooms and announced the arrangements for their use. Every member is to have his own key for admittance at any time he chooses. A gift from Dr. Disbrow of pictures for decoration of the walls is to be made. Dr. Kraker, for the Committee on Constitution, reported articles for final adoption. That on membership elicited some discussion, with the result that any qualified licentiate in medicine will be welcome to join, without recognizing any such thing as schools in medicine. Three new members were elected—L. W. Bagg, S. C. Keller and J. A. Derivaux.

As an earnest of some things to come, announcement is made of courses in pathology for volunteer members, one on clinical pathology of the urine, and another on the blood. The following are the officers for the new year: President, Theodore Teimer; vice-president, F. A. Haussling; secretary, J. H. Lowrey; treasurer, D. A. Kraker; board of governors, W. P. Eagleton, A. A. Strasser, H. J. F. Wallhauser, H. S. Martland, H. P. Epstein and A. H. Harden. The meeting adjourned, after a collation, amid mutual felicitations on the society's prospects. Appended is the constitution.

(We are obliged, by the late receipt of several county society reports, to defer inserting the constitution until our March issue.—Editor.)

January Meeting.

A regular meeting of the Essex County Pathological and Anatomical Society was held Thursday evening, January 12, 1911, in the society's own rooms, 67 Halsey street, Newark. The following pathological specimens were presented: (1) Six specimens showing comparative pathology, by Dr. Disbrow. These included enteroliths (two very large) and a urinary calculus, from horses, a "hair ball" from a cow and a faceted biliary calculus from a deer; (2) A patient with a great deformity of neck and axilla from a tumor, ulcerating, which blood examination and microscopical sections finds to be Hodgkin's Disease, by Drs. Haussling and Martland; (3) a two-months fœtus in-utero showing arrested development and extrusion of viscera (?) into the chorion, by Dr. Sutphen; (4) A slide demonstrating in a section from an appendix, a cellular formation suggesting the possible etiology of primary carcinoma of the appendix; a subject of live interest just now since the discovery of more cases than were formerly thought to exist, by Dr. Sutton; (5) A heart with a very large vegetation growing from the wall of the right auricle, mural endocarditis; death from lobar pneumonia, by Dr. Martland; (6) Heart with a large aneurism in the right ventricle at the apex; death from lobar pneumonia, by Dr. Horsford.

The society is now ensconced in its new headquarters and the meetings are proving a veritable Mecca for the members. All members are encouraged to present specimens at the meetings. Laboratory equipment for clinical pathology is provided and every member has his own key to the rooms. Plans are complete for a course, with Dr. Martland, in pathology of the urine, and, with Dr. Harden, in that of the blood.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The annual meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, Thursday, January 19, with the president, Dr. C. B. Phillips, in the chair. There were 15 members present.

Dr. E. J. G. Beardsley, of Philadelphia, gave a very interesting and instructive address on the "Differential Diagnosis of Functional and Organic Diseases of the Heart." The speaker believes that most mistakes in diagnosis are the result of laxity in examination, and insists that in all cases the patient should be stripped to the waist and a careful and systematic method should be followed in examining each patient

A very interesting feature of the meeting was the return to an old custom of the society, recently abandoned, viz., reports on epidemics and interesting cases. A number of unusual cases were reported and, as usual, they called forth free discussion that was very helpful.

The general health of the county was reported good, with no epidemics.

The following officers were elected:

President, J. H. Underwood, Woodbury; vice-president, V. E. DeGrofft, Swedesboro; secretary and treasurer, George E. Reading, Woodbury; reporter, Howard A. Wilson, Woodbury; censors, H. A. Stout, James Hunter, Jr., and L. M. Halsey.

Delegates—Medical Society of New Jersey, Charles S. Heritage; Camden, H. B. Diverty, J. H. Underwood, C. F. Fisler, S. F. Ashcroft, V. E. De Grofft; Salem County, H. A. Wilson, George E. Reading, S. F. Ashcroft; Cumberland County, R. E. Hollingshead, William Brewer, C. S. Heritage; Burlington County, Jas. Hunter, Jr., L. M. Halsey, E. Z. Hillegass; Atlantic County, L. M. Halsey, C. F. Fisler, E. M. Duffield.

The society was pleased to welcome and entertain as visitors and delegates, Drs. Beardsley, of Philadelphia; Strock, Iszard, Richardson and Palm, of Camden; De Grofft and Chevanne, of Salem; Conaway, Atlantic City; Miller and Moore, of Cumberland County, and Tracey, of Burlington County.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The Hudson County Medical Society met in the Public Library building January 3, 1911, at 8:30 P. M., Dr. A. P. Hasking in the chair. It was well attended.

The paper of the evening was read by Dr. Merrill A. Swing, of Bayonne, N. J., on "A New Technique in the Use of Forceps." A lively and very interesting discussion followed, led by Drs. G. K. Dickinson, W. Pyle, W. F. Faison, A. Nelson and A. P. Hasking. I enclose the paper for publication in the Journal.

Among the interesting cases reported were the following:

Dr. G. K. Dickinson reported a case referred to him by Dr. Bessler, of a woman 64 years old who suffered with symptoms of dyspepsia for 20 years. Analysis of the stomach contents was negative with the exception of a few blood cells. Exploratory incision showed a carcinoma of the lesser curvature of the stomach. (Pathological examination of growth was made by Dr. George E. McLaughlin.) The pyloric end of the stomach and part of duodenum was exsected. Patient is doing well two months after operation.

Dr. W. F. Faison reported an operation 2½ hours after perforation of duodenal ulcer, from which patient recovered. The doctor pointed out the value of speedy diagnosis in these cases. A posterior gastroenterostomy was made.

Dr. Faison also reported a case of strangulated hernia where a few inches of bowel had to be resected, the same patient suffering from an inoperable carcinoma of the stomach. The patient left the hospital four days after the operation.

Dr. B. Brown reported a case of acute hydroamnion interrupting pregnancy for the fourth time.

Dr. Joseph Koppel presented charts of a patient to whom "606" was given by the intravenous methods, and described the methods used.

MERCER COUNTY.

Harry R. North, M. D., Reporter.

The Mercer County Medical Society held its regular monthly meeting in the Council Chamber, City Hall, Trenton, at 8:30 P. M., on January 10, 1911, the president, Dr. C. J. Craythorne, in the chair.

Dr. Rufus B. Scarlett, of Trenton, read an able paper on "Tonsillar Hypertrophy Briefly Considered, with Special Reference to the Anatomy, Surgical Treatment and Operative Dangers."

The paper was thoroughly discussed by several of the members present.

By request of the society, it is forwarded herewith to the Journal.

MIDDLESEX COUNTY.

Howard C. Voorhees, M. D., Secretary.

The regular quarterly meeting of the Middlesex County Medical Society was held January 18, 1911, at the Mansion House, New Brunswick. In the temporary absence of the president, Dr. Frank M. Donohue, of New Brunswick, was made chairman pro tem., and called the meeting to order at 8:30 P. M.

The meeting was very well attended. The regular order of business was suspended in order to hear the speakers of the evening.

Dr. Edward W. Scripture, of New York City, was introduced and spoke on "Stammering and Stuttering." The address was most interesting and instructive and his methods of cure of these defects of speech were demonstrated upon four subjects that the society had provided. The following is a brief abstract of his address:

"Stuttering" and "stammering" are terms applied to a disease whose most striking symptoms consist in cramps or excessive tension of the organs connected with speech. These cramps may show themselves in spasdomic contractions of the lips, as in the case of the captain who gave the order, "Ready, Aim, F-f-f-f-f-shoot, confound you." They may show themselves also in the cramps of the breathing muscles, as in the case of one of my friends, who in the middle of a sentence would suddenly become speechless with a cramp of the abdominal muscles; we were obliged to sit in silence for a minute at a time; he could not speak on account of his cramp and I could not on account of politeness.

Stuttering is essentially a mental trouble—a psychoneurosis—arising from a compulsive idea.

Dr. Johnson was compelled to touch every post that he met in his walks. Some children are compelled always to step off with a certain foot. Stutterers are compelled by the thought of speaking to tighten up all their muscles of speech so that they move stiffly or get into cramps.

Stutterers have no difficulty in singing, because they have no compulsive idea connected with the thought of singing. Most of them can speak perfectly in a dialect for a similar reason.

The cure of stutterers has to proceed on the principle of training them to speak in some new way. Since this new way is free from the compulsive idea, they do not stutter while they are using it. The simplest new way is merely to sing what you want to say: as long as you sing you will not stutter. This is, however, an impracticable procedure, for the stutterer wants to speak, not sing.

Other new ways are: to drawl the vowels, to speak while beating time, to speak in a hollow voice, to speak very slowly, etc., etc. These are the methods of the "stammer schools." They are effective in that, for a short time the patient can manage to speak in an odd way with more or less success. When the result is permanent, it usually leaves the patient with some vocal oddity, that is, of the very thing that is curing him.

There is, in my opinion, only one form of cure that is scientific; it consists in teaching the patient to speak in perfectly normal voice. To the stutterer this is a "new voice," just as odd to him as singing or any queer way of speaking. The moment he speaks in a normal voice he ceases to stutter because he is freed from his compulsive idea.

The most constant abnormality in the stutterer's speech is a stiff laryngeal action. This produces a monotonous hoarse speech. The laryngeal stiffness may be broken up by the "melody cure." The stutterer is taught to speak so that his voice constantly rises and falls through an octave. At first he does it awkwardly and he will probably object to using this queer method of talking. His attention is called to the fact that I have been running over an octave all the time while talking to him, and that my voice is a perfectly normal one. As he becomes more expert, he runs up and down the octave just as I do and acquires a normal voice.

The reason why the melody cure is so effective is that in running over the octave the person passes from the set of muscular adjustments required for the chest register to an entirely different set required for the head register. This breaks up his laryngeal cramp and with the laryngeal cramp the other cramps are lost also. This principle of stopping stuttering by constantly breaking up the cramp is an entirely new one.

Dr. Benjamin Gutmann, the president, then took the chair and introduced Dr. Henry A. Cotton, medical director of the State Hospital at Trenton, who gave a valuable paper on the Prevention of Insanity. This paper contained much that was helpful to the family physician, and, by request of the society, will be sent to the Journal of the State Society for publication.

Both speakers were listened to with the deepest interest and called forth hearty votes of thanks from the members.

In response to an invitation given by Dr. Cotton, it was resolved to hold the July quarterly meeting at the State Hospital. The meeting adjourned at 10:30 o'clock and then enjoyed a social hour with a bountiful repast served by the Mansion House.

MONMOUTH COUNTY.

Edwin Field, M. D., Secretary.

At the annual meeting of the Monmouth County Medical Society, held at Freehold, N. J., December 13th, 1910, the following officers were elected:

President, Dr. Peter P. Rafferty, Red Bank.

Vice-president, Dr. Joseph T. Welch, Long Branch.

Secretary, Dr. Edwin Field, Red Bank.

Treasurer, Dr. Isaac S. Long, Freehold.

Censor, Dr. Harry E. Shaw, Long Branch.

Nominated as permanent delegates, State Society: Dr. William B. Warner, Red Bank; Dr. D. Edgar Roberts, Keyport.

Annual delegates: Dr. Walter S. Whitmore, Oceanic; Dr. Harry E. Shaw, Long Branch.

Reporter, Dr. William A. Robinson, Ocean Grove.

Chairman of the Committee of Arrangement for the State Medical Society annual meeting, Dr. Reginald S. Bennet, Asbury Park.

MORRIS AND PASSAIC COUNTIES.

No Reports Received.

UNION COUNTY.

Milton A. Shangle, M. D., Reporter.

The July meeting of the Union County Medical Society was held in the Elks' Club, Elizabeth. A change in the hour from 3 o'clock in the afternoon to 8:30 in the evening was apparently appreciated by the members, as it allows more time for social intercourse following the scientific session.

During the executive session several important matters were discussed. Dr. C. H. Schlichter offered a suggestion for the formation of a committee on publicity, which would have as its function the education of the public along medical lines by means of the press. A resolution to this effect was passed and Dr. Schlichter was appointed chairman of such committee. This important innovation, we feel, will be of benefit to both the laity and profession.

Among the cases presented was one by Dr. W. H. Lawrence, Jr., of Summit, in which transverse fracture of the humerus was accompanied by musculo-spiral paralysis. After the open method of reduction with suture of the nerve, the "drop wrist" gradually disappeared until function was again perfectly restored. Dr. H. R. Livengood showed a case of progressive muscular atrophy.

Dr. Conover presented a case of comminuted intra-condyloid fracture of the humerus in which the functional result was excellent.

Dr. Stern showed some X-ray negatives of fractures of the phalanges which would have been difficult to diagnose by other means. He also showed the photograph of a case of giant growth in an infant.

The paper of the evening, entitled "The Care of Fractures," was read by Dr. W. H. Lawrence, Jr., of Summit. In this paper Dr. Lawr-

ence brought forth an entirely original method of reduction of simple fractures which at once impressed all present as being most logical and unique. In conjunction with the paper a large number of radiographic negatives were exhibited, which illustrated most beautifully the excellent results obtained by this method.

The paper was most thoroughly discussed by Drs. Stern, Reilly, Green, Mravlag, Grier, English and others.

In this connection it might be well to state that in the December issue of the Archiv. fur Klinisch Chirurgie, Berlin, von Frische describes an original method of reduction of fractures, which is identical to that of Dr. Lawrence. We feel, however, that Dr. Lawrence should receive the full credit as the originator of this procedure, as his paper was read before this society last July, nearly six months prior to the publication by von Frische. (A copy of this excellent paper by Dr. Lawrence is enclosed for publication.)

The October meeting of the society was held at the Plainfield Hunt Club. This meeting was largely attended and a number of proposals for membership were received. A communication from the councilors of the State Society relating to contract work was received and the matter was referred to the Legislative Committee by resolution.

Dr. W. E. Cladek, of Rahway, read a most interesting paper on "Modern Therapeutics." This subject was discussed at great length by a number of the members. Following the scientific session a collation furnished by the Plainfield members was enjoyed and much appreciated by those present.

The last meeting held on the evening of January 11, 1911, at the Elks' Club, Elizabeth, was well attended. Unfortunately the president of the State Society, Dr. T. H. Mackenzie, of Trenton, was unable to be with us, as he had intended. We were honored, however, by the presence of Dr. D. C. English, the editor of the State Journal, who made some very apt and pleasing remarks. At this meeting seven new members were elected, all of whom were young men.

Dr. Carl Kepler presented two very interesting cases. The first illustrated the horrible result of neglected treatment of anterior poliomyelitis. The second showed the satisfactory result of treatment of hip-joint disease by the short spica. Both cases called forth discussion.

Dr. Arthur Stern exhibited a series of most beautiful photographs showing the peristaltic waves in a case of congenital hypertrophic stenosis of the pylorus in a child three months of age. He also presented a photograph of a child in tetanic convulsions (Tetanus neonatorum).

Dr. S. T. Quinn reported a case of typical scarlet fever in a woman sixty years of age. Rather an unusual experience.

Dr. J. S. Green reported a case of irreducible femoral hernia in a child 2½ months of age, which was operated upon at the Elizabeth General Hospital. The contents of the sac were an enlarged congested ovary and Fallopian tube. Both were of necessity amputated before the radical operation could be completed.

Dr. Knauer reported a case of spleno-myelogenous leukemia in connection with which report he exhibited a blood specimen, which, under the microscope, showed a most beautiful picture of the leukemia.

The paper of the evening entitled "The Prevention of Peritonitis" was read by Dr. E. W. Hedges, of Plainfield. In this paper Dr. Hedges considered the most important facts regarding what we might term the prophylaxis of peritonitis in abdominal surgery, and in his usual clear, forceful manner emphasized the care necessary in the treatment of the condition when present in order to secure the best results.

This paper brought forth a generous discussion from Drs. Green, Lawrence, Reilly, Albe, English and others.

WARREN COUNTY.

John H. Griffith, M. D., Reporter.

Pursuant to adjournment at Hackettstown, N. J., after the death of Dr. Van Syckle, November 22, 1910, the society met at the Lee House in Phillipsburg, N. J., November 29, 1910, at 11 o'clock A. M., Dr. F. A. Shimer, president, in the chair. There was a fair representation of the membership present, with our worthy councilor, Thomas N. Gray, M. D., of East Orange, also present, who gave us much good advice, and urged us to accept the overtures of the A. M. A. as to the advisability of having all graduates of character and standing of regular chartered medical colleges come under the same shield, for proper protection and harmonious association, irrespective of school or "pathy." The visit of Dr. Gray was fully appreciated and beneficial. The society adjourned to meet in March, 1911.

The sad and sudden departure of our beloved associate, Dr. A. C. Van Syckle, was truly pathetic and cast a gloom over our society and the community in which he lived so many years.

Nearly every member of the society was present at the Hackettstown meeting, when the doctor entered the room. His breathing was very difficult, from climbing a long flight of stairs and the meeting of his professional associates seemed to furnish a degree of excitement.

In answer to the welcome, the doctor said: "Gentlemen, physically I was hardly fit to come here to-day, and, in fact, I came here against my wife's protest. But I simply could not help coming. It is probably the last time I shall ever meet with you, and I am indeed glad to meet so many of you here." Then he went to each one, took him by the hand and gave a word of personal greeting. With this social duty performed, he took a chair and was dead before the trained senses of his companions realized the condition.

Dr. Van Syckle was the oldest member of the society, with probably one exception, at the time of his death. His was a noble life and a sterling character. Selah.

The following resolutions of respect and condolence on the death of A. C. Van Syckle, M. D., were passed at the Hackettstown meeting of the Warren County Medical Society, November 22, 1910:

"Whereas, In the providence of an all-wise and merciful God, our brother, Dr. A. C. Van Syckle, has been taken so suddenly from among

us while we were assembling for our semi-annual meeting; and,

"Whereas, In his death the medical society of the county of Warren has lost one of its most respected and honored members, a leader whose place cannot be filled; and,

"Whereas, The profession has lost one of its best and truest members, who in his life and practice was the exponent of the highest ideal of the medical profession, giving as he did his time and service without stint, being upright and straightforward in his dealings with his brother practitioners and an example to be emulated; and,

"Whereas, The community has lost one who by his probity and cleanliness of life and by his Christian faith and practice has impressed his mark for all that makes for an uplift in living; and,

"Whereas, The sudden taking away coincident with his cordial and gracious greeting of his old associates, for which purpose he had come from his home;

"Resolved, That the Medical Society of the County of Warren express to his family the shock and sense of loss felt by every member present and give to them their deepest sympathy in this sudden bereavement.

"Resolved, That a copy of these resolutions be sent to his family and, together with an obituary, spread on the minutes of the society.

"T. N. Gray, M. D., F. J. LaRiew, M. D., W. C. Albertson, M. D., Committee."

Local Societies.

The Bayonne Medical Society.

This society arranged a series of winter and spring meetings. Three have been held.

The remaining meetings are: February 20, at residence of Dr. W. H. Axford, 711 Avenue C; essayist, Dr. J. W. Ware. March 20, at residence of Dr. W. W. Brooke, 915 Avenue C; essayist, Dr. D. J. Nalitt. April 17, at residence of Dr. E. Gamson, 39 West 22d street; essayist, Dr. J. J. Hunt.

The annual meeting of the society will be held on May 15, at a place to be announced.

The officers of the society are: President, Dr. W. H. Axford; vice-president, Dr. B. S. Heintzelman; secretary and treasurer, Dr. W. A. Pinkerton. Drs. S. R. Woodruff and C. J. Larkey compose the Essay Committee, and the trustees are Drs. F. M. Corwin, J. G. L. Borgmeyer, C. J. Larkey, S. I. Myers and S. R. Woodruff

Camden City Medical Society.

The January meeting of the Camden City Medical Society was held in the Camden City Dispensary last evening.

Dr. W. W. Kain read a paper on "Can the Future Sex of the Family Be Controlled at Will by the Parents?"

The following officers were elected to serve for the ensuing year: President, J. W. Martindale; vice-president, L. B. Hirst; secretary, W. I. Kelchner; treasurer, Emma Richardson; historian, Jos. H. Wills; legislative committee, H. F. Palm, M. N. Osmun, O. W. Saunders; standing committee, W. H. Iszard, W. W. Kain, Alexander McAlister; board of managers to Camden City Dispensary, H. Genet Taylor, Daniel Strock, H. W. Sherk, Jos. H. Nicholson, W. H. Iszard, Paul Mecray, W. A. Davis, E. L. B. Godfrey.

Dr. Daniel Strock presented a portrait of Dr. E. L. B. Godfrey, who is at present in California.

"In presenting this likeness of our friend and fellow member," said Dr. Strock, "it is a pleasant yet a rather sad duty. It is pleasant to present a large photograph to adorn our walls, pleasant because of the good traits and wonderful achievements accomplished by this great scholar. Sad from the fact that he is still in the land of the living, yet not as an active member as we once knew him. Sad because his health is not good, his activity is ended."

Continuing, the doctor said: "Doctor Godfrey has been an honor to the profession in Camden city, county and State, making a wonderful impression in all his undertakings. Dr. Godfrey was a great organizer and active in the adoption of resolutions and the like. He organized the once popular Camden Civic Club and originator of the Camden County Historical Society. Dr. Godfrey several years ago had a great honor bestowed upon him when the Camden County Medical Society tendered him a dinner at Washington Park."

Dr. W. A. Davis received the portrait in behalf of the society. He said: "We see footprints of Dr. Godfrey all over the State of New Jersey. It is not necessary to have a picture on the wall. I have always admired Dr. Godfrey for his earnestness. His heart and soul was in his work, his goal being to achieve success."

Orange Mountain Medical Society.

The annual meeting of the Orange Mountain Medical Society was held in the rooms of the William Pierson Medical Library Association, Friday evening, January 20, 1911.

Dr. Richard P. Francis, the president, occupied the chair and presented an able paper, in which he dwelt upon the necessity of rest as well as work if we would continue healthy and do our best work.

The following officers were elected to serve during the ensuing year:

President, Dr. Richard D. Freeman, of South Orange; vice-president, Dr. Levi W. Halsey, of Montclair; secretary, Dr. Henry A. Pulsford, of South Orange; treasurer, Dr. J. Minor Maghee, of West Orange; reporter, Dr. Charles W. Banks, of East Orange; executive committee, the president, vice-president and secretary ex officio, Dr. Martin J. Synnott, of Montclair, and Dr. William B. Graves, of East Orange; censors, Dr. Francis, Dr. Richard C. Newton, of Montclair, and Dr. William H. Lawrence, Jr., of Summit.

A social hour followed, with a bountiful supply of refreshments.

Passaic City Medical Society.

The annual meeting of the Passaic City Medical Society was held January 12. The following officers were elected for the ensuing year: President, Dr. George T. Welch; vice-president, Dr. L. H. Joyce; secretary, Dr. Joseph H. Oram; treasurer, Dr. Thomas M. Glasgow. The

following members were elected to serve on the executive committee: Drs. Hiram Williams, W. E. Chase and C. Van Der Clock. Dr. S. D. Bowden, of Paterson, read a paper on "Pott's Disease."

Miscellaneous Items.

Free Public Lectures on Health.

The Essex County Medical Society, through its new Committee on Public Health Education, has taken hold vigorously of the subject of providing for the people courses of free lectures on Health in furtherance of the propaganda of the American Medical Association having this aim. Beginning January 16th and continuing every third Monday till May 1st, a course of six lectures will be given in the Public Library building, Newark, under the auspices of the above committee, aided by the State Federation of Women's Clubs and the Essex County College Women's Club, as follows:

January 16, "Food Fads," Dr. Richard C. Newton, Montclair; February 6, "The Eye in Health and Disease," Dr. Linn Emerson, Orange; February 27, "Clean Streets for Health," Dr. William Buerman, Newark; March 20, "Care of the Teeth in Relation to Health," Dr. W. F. Barry, Orange; April 10, "The Causes and Prevention of Nervous and Mental Diseases," Dr. C. C. Beling, Newark; May 1, "The Social Evil and Its Effects on Public Health," Dr. T. N. Gray, East Orange.

In this age of an awakening public sentiment on all matters which concern Public Health and Hygiene, it is well for the medical profession to take a leading part and show the communities that it considers it its province to direct efforts designed for the education of the public on any and all matters of health. This attitude is very different from holding aloof from the public and is one not only serving to co-ordinate the work of all county societies in the nation, but also will meet with the co-operation of the people. Formal endorsement was given the above course at the Essex County Society meeting January 10, and an appropriation of $20 was made to cover the expense.

Division Among the Osteopaths.

We give the following from The Observer of Hudson County, reporting the semi-annual meeting of the New Jersey State Osteopathic Association, held in Jersey City last month, which seems to show another case of a "house divided against itself." Dr. Rock does not favor the "Osteopathic Trust."—Editor.

"Dr. Stephen Rock, of Passaic, president, delivered the opening address.

"Dr. T. Neilson, of Jersey City, spoke of the legislative situation, and also said that there seemed to be a general feeling among New Jersey osteopaths and that those who represent osteopathy here ought to work together for the uplifting of the profession in this State.

"Dr. J. P. Brennan, of North Plainfield, also spoke in favor of a hand-to-hand work regarding legislation, and that all osteopaths should get together, fight for their rights in harmony and unity, throwing aside any personal feelings that were made prominent during the past year, and that justice and fair play will be our reward.

"Dr. Stephen Rock, of Passaic, was the principal speaker of the day. He spoke of the legislative situation.

" 'It is a disgrace to our profession,' said the speaker, 'that the osteopaths should be divided in this State. There is a certain clique that has been trying to have a bill passed which professes to regulate osteopathy, but is opposed by all free and fair-minded osteopaths and by the State Osteopathic Association and all osteopaths favoring justice and fair play. This very clique wants to monopolize the profession, and is already known as the "Osteopathic Trust," and, when having matters their own way, the public would not be protected in the way they should, and this State Association has been exposing them year after year.' "

Dr. Freile Acquitted.

Twenty minutes after it retired to deliberate, a jury sitting before Judge Speer, in the Circuit Court, returned with a verdict for Dr. William Freile, of 108 Palisade avenue, Jersey City, in the suit instituted against him by Edward Tompkins, a five-year-old boy of Hudson City, for $3,000 damages. The boy sued through his father, Chester F. Tompkins. The boy, while playing on a picket fence, fell to the ground and broke his elbow. The result was based on the charge that Dr. Freile did not set the arm properly.

Dr. Albert De Wald, a surgeon of the United States Army, was the principal witness for the plaintiff. In cross-examination, however, he admitted that Dr. Freile had done the best under the circumstances,

Dr. Gordon K. Dickinson and Dr. J. J. Broderick, both of Jersey City, testified for Dr. Freile. They swore that they could not have set the arm any better than Dr. Freile set it.

Proctological Society Prize.

The American Proctological Society announces a prize of $100 to be awarded to the author submitting the best original essay, having for its subject any disease of the colon. Essays in competition must be submitted to the secretary of the committee, Dr. Lewis H. Adler, Jr., 1610 Arch street, Philadelphia, on or before May 10, 1911. Each essay must be typewritten, marked with a device or motto, and accompanied by a sealed envelope having on the outside the same device or motto, and inside the name of the author. The competition is open to graduates of medicine (not fellows of the society) and to members of the senior classes of all colleges in the United States or Canada. Further particulars may be obtained from the secretary of the committee.

Residence and Society Relation Changes.

Blake, Duncan W., Sr., from Seaville, Cape May County, to Gloucester City, Camden County, and from Cape May to the Camden County Medical Society.

English, Samuel B., Glen Gardner, transferred from the Camden County to the Hunterdon County Medical Society.

Husted, Joseph Marshall, from Collingswood to Woodstown, N. J. Transferred from the Camden County to the Salem County Medical Society.

Johnson, Jotham C., from 11 Tichenor street, to 10 Chestnut street, Newark, N. J.

THE JOURNAL

OF THE

Medical Society of New Jersey

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

Wm. J. Chandler, M. D., Chairman, South Orange
Charles J. Kipp, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

DATE AND PLACE OF ANNUAL MEETING.

The date of the annual meeting of our State Society has been fixed for June 13-15, 1911. The place will be announced next month. The New Monmouth Hotel, Spring Lake—one of the best in the State—has offered special inducements and the great majority of our members, so far as heard from, are in favor of meeting there.

CHARLES J. KIPP, M. D.

One of the ablest, best, greatest among us has fallen from our ranks—"fallen on sleep." We have no hesitation in saying that no member could have been taken from among us who was more respected and loved and who would be more missed than Dr. Charles J. Kipp.

He was a tender-hearted, considerate man and a man who in his relations to the society, the profession at large and in all the relations of life was true and faithful; but he was also a man of strong convictions, based on quick perception, wise judgment which ever had respect for the right and little tolerance for illiberal, untruthful, unworthy expressions or acts and, as the crowning characteristic of *such* a man, he lived, with little regard for his own comfort or selfish material interests, to serve his fellowmen.

Of his relations to and valuable services in the work of the Medical Society of New Jersey, we will not now speak. These will be set forth in the memorial service at our next annual meeting, as provided for by our Board of Trustees. The lapse of time between now and then will not lessen our appreciation of his worth and his remarkable fidelity, or our deep sense of loss in his departure from our midst. His life and deeds have left an impress on the society's life and history that time will not efface, and on the minds and hearts of all who knew him intimately that can never be forgotten.

THE PATIENT'S GRATITUDE AND THE DOCTOR'S FEE.

It is refreshing occasionally to read such expressions as we find in the little poem we insert below, taken from *The Medical World* of January, 1911. Amid the labors of a busy, conscientious physician who is ever mindful of the fact that human lives are placed in his hands and that in the fierce battle with disease he must not allow his comfort, needed rest or even pecuniary interest to sway him in his devotion to his patient—in his heroic efforts to save that patient's life—he is often sustained, as he ought to be, by the appreciative words and acts of those whom he serves. We have known many instances where that devotion has cost the doctor's enfeeblement, if not life itself. The saddest thing the doctor sometimes experiences is that, while during the height of the conflict with disease in serious cases, there were expressions of appreciation, with the patient's returning strength and health the value of his services is minimized, gratitude finds little expression, the payment of the bill is long delayed, its amount objected to and in subsequent family illness another doctor is summoned.

We have, however, met with several

cases where genuine gratitude was expressed by word and act, and a few cases—very exceptional ones—where it found a wealth of expression that the doctor desired to curtail, *e. g.*, in one case where presents were made, by one of scant pecuniary ability, that the doctor was unable to restrain in any other way than to make "deductions" on the bills he presented—cutting them down to one-half the amount that regular charges would make them. In another case the patient always added to the bill from 50 to 100 per cent., according to the amount of the bill rendered. In the latter case *no bill for any amount would have been sent*—as the patient was the widow of a beloved physician—had she not insisted upon it and refused service unless it was done. It should be noted that she was abundantly able to pay and that she remembered the doctor in her will. It may seem hardly necessary to add that such gratitude was heartily responded to by her doctor, who risked his own life on more than one occasion to serve her and who has held, as he ever will, her name in most grateful remembrance. We regard the latter as the better way of showing gratitude, but both are calculated to embarrass the doctor, if they do not lessen professional dignity. We need to realize as we recall the facts—that there is a business side to our professional life; that the average annual income of general practitioners is less than $800, and that too free charity tends to pauperize both the doctor and the improvident patient—that the habit of making "deductions" from regular charges is not good business principle and should seldom, if ever, be done, unless as a charity allowance; certainly not when the family is abundantly able to pay, as evidenced by lavish personal or family expenditures.

In reference to charges for services in serious cases of long continued illness, as in pneumonia, with its complications and sequelæ, if there is ability to pay, why should we charge according to number of visits and value of medicines furnished, at the usual low rates? When we consider the time consumed, the required ability, the tax on strength through anxiety, over-exertion, forced neglect often of adequate amounts of food and sleep and also through sympathy with the family in their anxieties should not the physician's charges approach somewhat nearer those of the specialist's $250 to $1,000, or the lawyer's $250 to $5,000 or more, especially in the latter case where only material interests are at stake and human life is not involved? We do not intimate that the specialist's prices are exorbitant; as a rule they are considerate of the patient's ability to pay; they do much charity work and are often in that work imposed upon; but we do insist that the general practitioner's pay is inadequate, especially in the treatment of grave cases, and that he should receive compensation for the treatment of such cases approximating that of the specialist, taking into consideration the demands made upon them both to which we have referred. The public should be educated as to the justice of such increased compensation, especially when compared with the lawyer's fees and handsome "retainers" in advance.

THE DOCTOR.

(In tribute to all honest physicians everywhere.)

By Lulu Niswonger-Warner,
Noblesville, Ind.

Who was watching when we came?
Who can heal us when we're lame?
Who is it that gets the blame,
If, perchance, we lose the game?
The doctor.

Who is always kind and good,
Yet is much misunderstood?
Who can our example be?
None we trust so much as he—
Our doctor.

Whom do we forget to pay,
Make him work both night and day,
Little care how tired he feels,
If our weaknesses he heals?
The doctor.

And no matter where the man—
Who will help him if he can;
Teach him to be well again,
When his strength he overran?
His doctor.

Who will tell her to be good?
(Or at least we know he should.)
Who could teach her if he would,
And protect her womanhood?
Her doctor.

When the light of life burns low,

Why is it we want him so?
He has proven himself our friend,
And we know he'll soothe or mend—
Our doctor.

Do we think what he's denied,
To be promptly at our side?
Who braves the cold in midnight ride,
So it be not said, "She died?"
The doctor.

And perhaps they do not know,
That each one loves his doctor so.
In the yawn where Death is met
Man has ne'er been patient yet,
Dear doctor.

Brave and grand, yet mortal man,
And he does the best he can;
Let us say it once again,
Thanks, for the good doctor-man.

AN APOLOGY AND EXPLANATION.

We shall speak plainly, believing that our spirit and motives will not be misjudged. The great pressure on our time and strength during the past three months compels the editor to ask the pardon and leniency of his many friends for his *seeming* indifference or delay in answering communications. His correspondence has been enormous—averaging at least five letters per day—much of it, we are sorry to be compelled to add, might have been spared him—in writing for reports and information that *ought* to have come to him without solicitation. We believe our readers have little conception of the demands that the editing of the Journal makes upon his time. More than one-third of his working time, besides many hours in the night toward the end of each month, is thus consumed, for we must take time to avoid, if possible, mistakes, and be as accurate as possible.

Here, again, pardon us for observing that the careful editing of matter that comes to us—reports and papers—frequently requires rewriting because of abbreviations, illegible writing, especially of names, technical terms, etc., in order to avoid typesetter's blunders and save the good name of the Journal as a scientific publication—for to be scientific we must be accurate. We recognize the fact that, with the greatest care we are able to give, we do sometimes make mistakes. We shall try to realize, what we kindly ask contributors to the Journal to consider — that we are judged, and our profession is judged, by the *character*, rather than by the *quantity* of our work.

We are obliged, against our wishes, to defer until our next issue the insertion of the papers of Drs. Bogardus, Chevanne and Dickinson, and we ask the forebearance of Drs. Harvey, Hedges, Kain, Ramos, Scarlett, Swiney and Wintersteen—the receipt of whose papers we acknowledge with thanks—for the delay in inserting theirs, as it is unavoidable. We deeply appreciate the unusual wealth of material in hand, but we shall be glad to welcome all additional papers of merit—that will be instructive and helpful to our readers.

We also acknowledge with thanks the receipt of Dr. L. F. Flick's paper on "Tuberculosis as It Concerns the Physician," read before the Essex County Society, and Dr. J. T. Pilcher's paper on "Progress in the Theory and Practice of Lesions of the Alimentary Tract." We shall also give Drs. Gray's and McBride's papers, read before the New Jersey Sanitary Association in December last.

UNION COUNTY SOCIETY.

It was the editor's great pleasure last month to attend the regular meeting of the Union County Medical Society at Elizabeth. Although the weather was very inclement, there was a very large attendance, several from distant places—four from Summit. The scientific part of the program was one of marked excellence. The paper of the evening by Dr. E. W. Hedges, of Plainfield, on "The Prevention of Peritonitis," was very able and practical. We will give it to our readers at an early date. The cases reported by Drs. Kepler, Green, Stern, Lawrence, Livengood, Knauer, Quinn and others—some with patients present—were of great interest and profit to the members.

It was evident that this society is doing good work which is worthy of being fully reported through the Journal. We thank Dr. Shangle for report of three meetings in this month's issue.

Tributes to Dr. C. J. Kipp.

We have received several letters expressive of deep regret at the departure of our associate and dear friend from members of the Board of Trustees, of the same tenor as the following from Dr. John D. McGill, which we give because it concisely, beautifully and sincerely expresses what we all feel:

"I am greatly grieved at the death of Dr. Kipp. I admired and esteemed him while alive and regret and mourn his death. Dr. Kipp was one of those men—so rare to find

—who are intuitively honest and upright—because born so. His success and fame in his specialty were widespread and deserved."

The following is the minute adopted by the Board of Trustees:

"In the death of Dr. Charles J. Kipp this board has lost its honored and beloved chairman and one of its most capable and influential members; the Medical Society of New Jersey has been deprived of one of its oldest, ablest and most faithful advisers; the medical profession of this State has been bereft of an unselfish and broad-minded counsellor, and the State at large has lost the skillful, untiring and generous services of one of its foremost physicians."

The board also appointed Drs. D. C. English, W. J. Chandler and C. R. P. Fisher a committee to arrange for an hour's memorial service during the annual meeting of the society in June.

The following is an outline of the address of Rev. Dr. Louis S. Osborne, rector of Trinity Church, at the funeral service:

"I have been asked to say a few words, a very few words, to-day. It is not my custom to make remarks on such occasions as this, for a noble life is its own best eulogy. It is useless to paint the lily white or gild the rose.

"In the early days of Christianity the preaching and healing agencies were combined. The priests and clergy were the physicians and surgeons, and then, after a few hundred years, the healers became a distinct order of the ministry and were ordained men. Later in the centuries the two professions were specialized and differentiated. And so I like to think of the physician and surgeon as in the true apostolic succession, caring for the bodies of men as the priest cares for their souls. Were I to choose a text, or texts, I should select:

" 'The blind receive their sight and the deaf hear.' " 'I was sick and in prison and ye visited me.

"Just before this service commenced I received a message from a former Confederate soldier who said that when he was a young man of eighteen years, stricken with pneumonia in a Northern prison, this good Union surgeon, Dr. Kipp, ministered to him with skill and sympathy, and saved his life. There is a hymn that we sing during the Epiphany season in the church, one verse of which runs as follows:

" 'Vainly we offer each ample oblation,
Vainly with gifts would His favor secure.
Richer by far is the heart's adoration,
Dearer to God are the prayers of the poor.'

"The prayers of the poor are certainly the brightest of God's angels to bear our souls to the Celestial Gates. Wealth is perishable and fame is fleeting, but a good and useful and devoted life abideth forever.

"It is a pleasant thing to know that the last professional act performed by our friend was that of a long and delicate operation to restore sight to a very poor person. He left the hospital for his home, contracted a cold and never went out of the house again. He died in the harness and met his death, or rather entered into life, doing good to a brother man.

"And so our prayer is: May everlasting peace be his, and may light perpetual shine upon him."

At a meeting of the staff of the Newark Charitable Eye and Ear Infirmary, at 77 Central avenue, yesterday afternoon, to take action upon the death of Dr. Charles J. Kipp, the following resolutions were adopted:

"Whereas, It has behooved the Almighty to remove from our midst Dr. Charles J. Kipp, masterful as a physician and teacher, honorable and illustrious as a man, well known for his public benefactions, among which the Newark Charitable Eye and Ear Infirmary stands as a monument to his memory; we, the staff of the infirmary,

"Resolved, That by his death the institution has lost not merely its founder and its executive for thirty-one years, one who by his untiring efforts has raised it to its present importance to the community.

"Resolved, That we, his associates and pupils, personally mourn the loss of an efficient and ever-ready guide, whose loyal friendship will forever linger in our memory.

"Resolved, That our sympathy be extended to the family."

The board of trustees of the Medical Library Association of Newark has also adopted the following resolutions on the death of Dr. Kipp:

"In the death of Dr. Charles J. Kipp not only the people of our city and State, but also the whole medical profession in the nation, mourn the loss of an eminent citizen, who always stood for what was uplifting in public welfare and a skillful surgeon, who worked in his profession for what was noblest and best.

"His leadership was characterized by his unswerving devotion to the right as he saw it. This association particularly has lost a staunch and early friend, a wise counsellor, its first president and life member."

At the regular meeting of the Newark Medical and Surgical Society, held January 19, 1911, the following resolutions were unanimously adopted:

"Whereas, Providence has removed from our circle Dr. Charles J. Kipp, one of the originators of this society, one of its first seven members and always one of its most faithful attendants; therefore, be it

"Resolved, That in his death we mourn the loss to the medical profession, the city and the whole country of a noble man, a large-hearted citizen, a constant benefactor to the human race, especially the poor, and a physician and surgeon of great knowledge and rare skill.

"Resolved, That we personally mourn the loss to our society of a most faithful attendant and scientific worker; of a dear friend who was an anchor of conservatism, a guide to high professional ideals and a constant foe to all evils which beset the profession."

The trustees of the Newark Charitable Eye and Ear Infirmary, in a series of resolutions on the death of Dr. Kipp, say:

"The hundreds and thousands who have been healed by his hand bear testimony to his untiring zeal for unfortunate humanity. To the sacrifice of his own personal and remunerative practice, he gave of his best to the amelioration of mankind with simplicity and without ostentation, and with an ability which stood in the very front rank in this country and foreign countries. Dr. Kipp could have amassed a fortune, but he gave freely and lovingly of more than half of the time of his long professional life to service to the poor. The same self-sacrifice which led him to serve in the army of his country, led him to service among the army of the unfortunate."

The Board of Trustees of the Society for the Relief of Widows and Orphans of Medical Men of New Jersey, at a stated meeting on January 17, 1911, adopted the following minute:

"In the death of Dr. Charles J. Kipp, the originator and founder of this society, we have met with an irreparable loss. Elected its first vice-president, when the society was incorporated in 1882; its president in 1900, and re-elected each year since, he was untiring in working for the best interests of the association, and by his wise judgment, his fair decisions and uniform courtesy, not only endeared himself to us all, but was the real power in bringing the society to its present most satisfactory condition.

"Resolved, That this minute be transcribed in the record book of the society and a copy be sent to the family and the Journal of the Medical Society of New Jersey.

At a meeting of the visiting staff of the Mountainside Hospital, held January 19, 1911, the following resolution was adopted:

Resolved, That the members of the visiting staff have heard with great regret of the death of Dr. Charles J. Kipp, who had been consulting oculist and aurist to the hospital for fourteen years. Dr. Kipp's renown in his special field of work is well known, and it is a pleasant duty to state that he was always most willing to give the members of the staff the benefit of his knowledge and experience whenever called on. He was always interested in the work of the hospital and for some years gave lectures to the nurses on the care of cases of eye and ear disease. By his death, the hospital has been deprived of a valuable consultant.

Resolved, That this resolution be spread on the minutes and copies sent to the Medical Record and the Journal of the Medical Society for New Jersey.

Henry B. Whitehorne, M. D., Richard P. Francis, M. D., Committee.

Editorial in the Sunday Call, Newark, January 15, 1911.

Newark has had no citizen who gave more than Dr. Charles J. Kipp, whose death sorrowed thousands on Friday last. Singularly equipped by nature and experience for his profession, he devoted knowledge, skill, time, energy and money for the benefit of mankind, and never seemed to consider that he was doing more than his simple duty. The tens of thousands who owe him sight or hearing, directly or indirectly, will not fully realize their debt of gratitude, for he was as modest as he was brave and wise. We do not, of course, speak of his great success in private practice, for that was his bread-winning, and he gave it the careful attention which is the duty of every man who earns his livelihood. We refer to his hospital work, in which his marvelous unselfishness was most beautifully illustrated, and, still more, to his influence with his profession, with sanitary authorities and with leaders of public opinion, on behalf of measures to prevent disease, especially of the eyes. This part of his work was far in advance of his time, and to our knowledge, his views expressed a quarter-century ago, are just now being adopted in many cities. What he might have achieved if his words had always been heeded, can only be guessed at. Personally Dr. Kipp was held in affection by all whom he honored with his regard, yet few men could put more sting into his censure of wrong-doing. He was altogether one of the best citizens Newark has had, and the record of honor is not a short one in this community.

From the Newark Evening News, January 14, 1911.

Some years ago a woman connected with a well-known New Jersey family, who had a great deal of trouble with her eyes, took a trip to Germany to see a certain oculist whose reputation had extended across the Atlantic.

She described her trouble to the celebrated specialist and told how, after hearing of him, she had come across the ocean to see him.

"Who is your oculist at home?" the specialist asked. On being told, he burst into a hearty laugh. "What did you come all the way over here to see me for?" he asked.

From his almost old-fashioned courtesy and modesty, one would hardly think that the name the woman gave was that of Dr. Charles J. Kipp, whose death was announced yesterday.

The meeting and dinner of the Newark Medical League occurs as this issue of the Journal goes to press. Further report of it will be given in our March issue.

We regret to hear, as we go to press, of the death of Dr. Henry C. Neer, of Park Ridge, Bergen County, in the Hackensack Hospital, where he had undergone an operation. He was one of the aged, able and highly respected members of our State Society. We will give fuller account of his life and work in the next issue of our Journal.—Editor.

The Camden Daily Courier, of October 3d, has an interesting article on "How Antitoxins Are Made," with pictures of Dr. Roux and his laboratory, Dr. Metchnikoff and a testing station.

Editorials from Medical Journals

The Trained Nurse's Lack of Judgment and Loyalty.

Editorial from American Medicine, Feb., 1910.

The trained nurse without judgment is about the most dangerous bit of femininity with which the medical profession must contend. She may be well meaning but do the exact opposite of what she should. She may be quite learned but her very knowledge may lead her to believe she knows more than the doctor. They all talk, more or less—they would not be women if they did not—and those who talk most get into the habit of thinking aloud, which is as bad in sickness as in diplomacy. Doctors and nurses must always think of possible dangers and talk to the patient of the favorable side. Only in cases liable to be fatal is the patient to be informed, and then only after very careful consideration and consultation with the family. The very worst charge which has been brought against the trained nurse is the unconscious way she may undermine the physician's influence by remarks as to different management of former cases under some one else. Indeed, it is quite human for her to believe that her first instruction was correct and all subsequent changes in method deleterious. For these reasons, and a bushel of others, we still hear bitter complaints about the modern nurse, and in spite of the fact that she is here to stay because indispensable. The lay press has given unwise publicity to a few instances in which a nurse has reversed the doctor's orders, particularly in institutions which have foolishly given too much authority to a head nurse who is really practicing medicine without a license. Such instances will occur now and then until we all become superhuman, but the checks being devised to prevent injury from lack of judgment will reduce them to a minimum. There is no cause for alarm now that the management of the sick is reaching a state of perfection undreamed of fifty years ago, or even thirty years back.

Loyalty to the physician in charge is the preventive of the vast majority of the complaints against the trained nurse. It is the reason why many physicians insist upon the employment of certain nurses who have been tried in the balance and not found wanting, and why so many of us dread the appearance of some stranger who happens to be out of a job. They may not understand what the doctor is about, but they should realize that they are not expected to know. When they find a change of symptoms which may modify treatment they do not act on their own responsibility until the physician is informed, unless of course it is a critical emergency, and that is why she has been trained. That is where she ceases to be a machine and becomes a thinking creature with knowledge. We are quite of opinion that when trained nurses fully realize that their bread and butter depends upon loyalty, they will simulate it even if they do not feel it, but the point of the matter is the suspicion that training schools are drifting a wee bit from their original position of teaching the student her absolute dependence upon the physician. Has not the extension of the courses and their inclusion of so much medical practice, created a slight feeling of independence or rather of partnership? It is a matter for serious consideration at least. There may come a time when nurses will demand legislation which permits them to assume charge of minor ailments and midwifery—a system which works fairly well among the poor in many parts of Europe, though the practitioners are not called nurses. We might as well think of where we may be drifting now that there are so many millions who cannot afford a physician. Some of them may be so independent that they would prefer to hire a nurse rather than become paupers. Until that long distant day, let the nurse be taught her duty of loyalty to and dependence upon the responsible physician in charge.

Nurses for Those of Moderate Means.

Editorial in Medical Review of Reviews.

The question of securing skilled nurses for patients of small incomes is again brought before the medical public by a paper on the subject published by Dr. W. O. Stillman, of Albany, who has established a school for partially training women to care for the sick. The graduates are supposed to work for $10 or $12 per week. We regret to say that the first impression we receive from the paper is that the author is lowering the standards of requirements for a graduate nurse which we have been many years establishing upon its present satisfactory basis. His graduates (they receive diplomas), with a smattering of technical skill and a lack of all professional ideals which a trained nurse secures by years of personal association in the hospital school, is a dangerous substitute for the efficient and self-reliant assistant in the care of a case to which we have become accustomed. To send a partially educated woman to a very sick patient is like giving the care of the patient over to a medical student. Even if the law permitted us to do so, we do not believe any reputable physician would try the experiment.

We see no objection to Dr. Stillman training his caretaker for the sick as he pleases, but we do have most strenuous objections to a school for such training, which, as far as we know, is without authorization from the Board of Regents or any other competent tribunal. They are worse than "correspondence schools for nurses," which are scarcely more than a delusion and a snare. The situation is very simple.

If the patient is too poor to secure proper care in his own home, he can receive both in a hospital. If a surgeon desires a nurse's assistance in changing a dressing, etc., an hourly nurse can always be secured. We have often been so aided by a nurse while she was in regular attendance on a case. A trained nurse has accepted every requirement we have placed upon her education, and it is unjustifiable for the profession now to favor "putting on the market" a large class of half-educated competitors.

The Decline of the Birth Rate.

Editorial in the Medical Record, Jan. 7, 1911.

It is well known that in all civilized countries the birth rate has declined and is declining, but the reasons advanced for this vary considerably. Professor Brentano, in the Economic Journal for October, sets forth his views on the subject. He premises that the more prosperous the country or district the less fertile the inhabitants. For example, France, the richest country of the world, has by far the lowest birth rate. Native-born Americans again have few children, indeed it has been computed that if the continued emigration from Europe were to cease this part of the continent would, in view of the fertility of the negro, become black in quite a short predeterminable time. In Australia, where the working classes are better off than anywhere else in the world, the decline of fertility has been almost the greatest of all. Professor Brentano rules out altogether any connection between the decline in the birth rate and religion or race. It first appeared in France when that land was predominantly Catholic, and it is claimed that only poor Catholics and poor Jews yield a high birth rate. Moreover, it cannot be attributed to increased industrialism or to the growing tendency to live in towns. The French peasants have fewer children than the urban laborers. The professor thus specifies the reasons why fertility should decrease with increased prosperity: 1. The diseases of sex which appear as concomitants to postponed marriages. 2. Mental disease caused by nervous strain. 3. Diminution of desire for offspring, both because of competing pleasures and because of a more refined feeling for children. The most potent check, however, is the cost of maintaining a larger number of children, and the decline of infant mortality is another cause. Attention is also drawn to the fact that, although the birth rate has declined, the surplus of births over deaths has never been so great. Professor Brentano appears to have succeeded in the object which inspired his article, that of attempting to shatter the Malthusian creed. The most hopeful feature of the present discussions concerning the decline of the birth rate in civilized lands is that the master minds of medical science are grappling with the problem of how to improve the race physically and mentally.

Conservation of the Defective Child.

Editorial from Northwest Medicine.

From time to time articles appear in the lay journals of particular interest to the physician, some of them up to date in their scientific aspects, containing data only to be found by arduous research or presenting data correlated in a manner which appeals directly to the professional man. Such is the article on the Conservation of the Defective Child, by Marion Hamilton Carter, in June, 1909, McClure's Magazine. The author shows that poor eyesight is often the cause of bad spelling; that the defect may be removed by the oculist in many instances, but that the result of the defect may remain in the mind and must be removed by psychologic training. This defect must be discovered and treated before the formative period is past, when the mind most easily acquires and retains impressions. Many such cases have been discovered and relieved through the work of the psychologic laboratory of the University of Pennsylvania, presided over by Dr. Lightner Fitmer. In Chicago and Minneapolis, the work of Allport showed that at seven years of age 32 per cent. of the pupils in the public schools have defective eyesight.

Children who can not articulate may have defects due to diseases of the ear caused by pharyngeal adenoids in most instances and thus reproduce blurred words. After operation and treatment special psychologic education renders them normal. After the disorders of the special senses have been removed by the physician the psychologist has come in and made useful prospective citizens of otherwise incurable and incorrigible children. Epileptics and imbeciles are now forced into the public schools, under the compulsory education acts. Eighty-three of these were found in Baltimore, and in Philahelphia there are 1,000 occupying desks by the side of normal children. The removal of adenoids and enlarged faucial tonsils not only removes the cause of the vast majority of deafness with resultant stupidity, as does also the corrections of errors of refraction, but the former also presents most of the infectious diseases of children, for it is here that the germs get into the system. It costs money to specially educate a defective, but much less than to attempt it in the general schools without first removing or at least lessening the defect. The salvage of vast quantities of human mind may be made by applied clinical psychology, for which society must pay the bill in any case; but the psychologist says pay first, save the child and thus pay less.

Value of a Fish Diet.

From an editorial in the Medical Record on an address by Sir J. Crichton-Browne in London, August 30th.

Fish, from a physiological point of view, except, perhaps, from the point of view of the vegetarian, is the next best thing to meat. It contains less protein than meat, and as a source of energy its nutritive value varies with the amount of fat it contains. In this respect salmon may be considered as equal to lean meat, but the lean fish which contains less fat and more water has to take a lower place. It has been calculated that 1½ pounds of codfish will equal in nutritive value one pound of lean beef, but cod is far cheaper than beef. Still the market price of fish is no criterion of its nutritive value. Sole is dear, while haddock is cheap, but haddock contains as much nutriment as sole. As a matter of fact, scarcity, taste and fashion, and perhaps prejudice, regulate the market for fish, as there are several species of fish which

are edible and nutritious, but which find no favor with the public.

Browne points out that if a general call for fish were to arise, a vast development of the fishing industry would take place, and we might look forward to an abundance of good nourishing and digestible fish for the people at a price making it accessible to the poorest. But in order that fish as a food should become widely popular, it is necessary that its merits should be made known far and wide, and especially among the poorer classes.

In the address given in London a very interesting point was brought forward, that the campaign against tuberculosis might be greatly aided by an abundant supply of cheap fish. Power of resistance to the disease is an important factor in its prevention, and that power is lowered by poverty in its many phases, and conspicuously by poverty in food, and especially by nitrogen starvation, as it is called, or an insufficiency of protein in the nutriment supplied. Little emphasis is needed to prove that if the sick poor were better fed their powers of resistance to tuberculosis would be greatly strengthened. Therefore the argument that to render fish foods rich in protein accessible to the very poor would be to take a long step toward the abolition of tuberculosis, seems quite reasonable.

There is one point in support of fish as food upon which the speaker did not touch, that it is not only a cheap alternative to meat, but that it possesses some special properties of its own. It is usually very digestible, and in these days when indigestion, intestinal fermentation, and the like are the most common disorders this is a very great feature in its favor and should particularly commend it to an American public. It should also be borne in mind that there are as good fish in the sea as ever came out of it, and that the succulent and nutritious varieties are not only those that are known and appreciated, but some which are unknown, and other varieties against which a prejudice exists.

Hospitals, Sanatoria, Etc.

State Hospital at Morris Plains.

Patients at the State Hospital were entertained by Dr. Britton D. Evans, medical director, December 26, in the hospital hall, with a vaudeville show and a dance. There were all sorts of Christmas decoration, and music by the hospital orchestra.

In a speech to the patients Dr. Evans said it was the object of the entertainment to assist in making happy the Christmas time and to cast a ray of sunshine in the lives of those obliged to stay at the institution. At noon the patients had a real Christmas dinner of turkey, cranberry sauce, sweet potatoes and mince pie. There were 3,200 pounds of turkey cooked, ten barrels of cranberries, ten barrels of sweet potatoes, 700 mince pies, twenty boxes of oranges, twelve barrels of apples and 2,000 boxes of candy distributed.

State Hospital at Trenton.

Judge G. D. W. Vroom, president of the board of managers of the New Jersey State Hospital for the Insane, was honored yesterday afternoon at the meeting of the board, which, with Warden Samuel T. Atchley and the medical staff, gave him a magnificent loving cup of silver, which stands about two feet in height. The cup is suitably inscribed. The presentation was made in recognition of Judge Vroom's long and loyal service to the board, upon which he has served for twenty-five years.

Dr. Luther M. Halsey, of Williamstown, a member of the board, made the presentation speech. Judge Vroom was taken by surprise, which prevented him from making a lengthy reply, but he made a feeling response, expressing to his colleagues his warmest gratitude.

Following the presentation, the board disposed of its business. The house and grounds committee, with the warden, was instructed to prepare plans and specifications for the new laundry and the tuberculosis shack. The laundry is to cost $18,000, and the shack $3,500. The latter is to be built in an isolated spot on the State grounds.

Dr. George H. Parker, of Trenton, was appointed consulting gynecologist at the hospital.

Cooper Hospital—December Report.

The number of new cases treated in the wards of the Cooper Hospital during the month of December was 279, of which 74 remained under treatment. Eighty-four cases were carried over from the previous month. In the outdoor departments the following were treated:

	New.	Revisits.	Total.
Surgical	448	1376	1824
Medical	160	178	338
Gynecological	37	91	128
Nose, throat and ear	48	131	179
Eye	61	131	179
Proctological	22	39	61
Totals	776	1923	2699

Curious freaks of nature are becoming almost common at the Cooper Hospital and it might pay a museum manager to look up the institution. Early this week a girl had an odd thumb amputated, and now a child has been born in the institution with twelve fingers. The physicians are now wondering if a three-legged human won't be walking into the institution and ask to have the odd pedal extremity amputated. As soon as the child is a little stronger the fingers will be removed. The extra fingers grow from the little fingers, one on each hand. They are perfect in shape but a trifle smaller than the other fingers.

No changes were made in the personnel of officers and physicians of the Cooper Hospital at the yearly meeting. Augustus Reeve was re-elected president and Richard H. Reeve retained his position as secretary and treasurer.

The attending staff for the coming year is as follows:

Medical—H. Genet Taylor M. D., medical director; W. A. Davis, M. D., E. L. B. Godfrey, M. D., Paul H. Markley, M. D., Walter S. Bray, M. D. Surgical—Daniel Strock, M. D., Joseph L. Nicholson, M. D., Paul M. Mecray, M. D., E. A. Y. Schellenger, M. D. Gynæcologists—J. S. Baer, M. D., Thomas B. Lee, M. D. Ophthalmologists—Alfred Cramer, Jr., M. D., H. H. Sherk, M. D. Radiographer—Joseph H. Roberts, M. D. Pathologist—Albert R. Davis, M. D. Obstetrician—Joel W. Fithian, M. D. Laryngologist—Levi B. Hirst,

M. D. Diseases of the rectum and genito-urinary organs—H. Haines Lippincott, M. D. Surgeons' out-patient department—Joseph E. Roberts, M. D. and Albert B. Davis, M. D.

Bequests to Trenton Hospitals.

The Mercer Hospital and St. Francis Hospital, Trenton, each will receive bequests from the late William Orr, of Trenton, of $1,000. Mr. Orr was the father-in-law of Dr. H. G. Wetherill, of Denver, Col., formerly a Trenton surgeon. McKinley Hospital will also receive $15,000 under the will of Mrs. Julia Day.

New Hospital in Paterson.

Under the auspices of the Miriam Barnet Dispensary Association, a new hospital, having provision for the care of forty patients, will shortly be opened in Paterson, N. J. The association has leased the Crosby mansion in the centre of the city, and plans for converting it into a hospital are now being drawn.

City Hospital Board's Work Done.

The board of City Hospital trustees, of Jersey City, which bought the site, erected and furnished the City Hospital and improved the grounds, went out of existence yesterday afternoon. The board met in Mayor Wittpenn's office and adjourned sine die. The Mayor was ex officio a member of the board.

All work having been completed, the Board of City Hospital Trustees turned everything in its charge over to the Board of Health and adjourned sine die.

North Hudson Hospital.

Up to the present time this hospital has received $855 in cash donations since the Christmas holidays, and a considerable amount of food and bed clothing. The Ladies' Guild of the hospital gave $300 of the $855.

St. Francis Hospital, Jersey City.

The medical staff of St. Francis Hospital held its first meeting of the new year recently, Dr. John D. McGill, chief surgeon, presiding. Hopes were expressed that steps would soon be taken for the enlargement of the hospital to meet the pressing need.

This year just ended for St. Francis Hospital has been in every way a successful one. During the year there were 4,627 patients admitted and treated in this well-known institution. This is a great increase over last year. Then, in proportion to the increase, the death rate has also been lower than last year; also a greater number of operations have been successfully performed. These, with other facts showing the progress of the hospital, and the fact that it is growing too small, caused the doctors to hope that in the near future the hospital would be enlarged.

The doctors during their talk spoke in high praise of the Sisters of St. Francis, who have by their indefatigable labor and self-sacrificing work, made the hospital the success it is.

Dr. John D. McGill has recently received most hearty congratulations on the completion of 40 years of most faithful service on the staff of this hospital.

St. Francis, Trenton, Cantwell Tablet.

The tablet presented to St. Francis Hospital by the staff of physicians in memory of the late Dr. Frank V. Cantwell was unveiled in the institution recently in the presence of the Cantwell family, several friends and the hospital staff.

The Rev. Father Cantwell, of Long Island, brother of the deceased, presided over the ceremony. Dr. G. N. J. Sommer and Dr. Thomas Mackenzie spoke, both touching on the services rendered by the deceased surgeon during his twenty-three years' connection with the hospital.

The tablet is about three feet in length, is of brass and mounted on an oak base. It bears the following inscription: "In memory of F. V. Cantwell, twenty-three years surgeon—1887-1910. In grateful memory this tablet has been presented to this institution by his colleagues." The inscription was submitted by Dr. Sommer. The tablet was designed by Bechtel, although Mrs. Cantwell suggested the feature, a Celtic cross at the top.

The donors of the tablet include the following physicians: Drs. Costill, Sommer, Collier, Redden. Wilbur, McGuire, Mackenzie, Barwis, Shepherd, R. R. Rogers, Sr., R. R. Rogers, Jr., and Norton.

The committee in charge of the unveiling consisted of Dr. Sommer, chairman; Dr. Reddan and Dr. Costill.

Trenton Hospital Committee Report.

The report of the Hospital Committee was as follows: St. Francis—County patients remaining in institution, December, 87; admitted during December, 95; discharged, 98; died, 8; remaining, January, 37; dispensary patients treated during December, 618. McKinley—Patients remaining December, 47; discharged, 61; admitted, 69; died, 6; remaining January, 49; dispensary patients, 368. Mercer—Admitted during December, 90; discharged, 101; remaining, January, 57; dispensary patients, 259.

Glen Gardner Sanatorium.

(We take the following from the Camden Post. We have not received a report yet from the institution.—Editor.)

As president of the board of managers of the New Jersey Institution for the Cure of Tubercular Diseases at Glen Gardner, Dr. William S. Jones, of this city, has received the annual financial statement from that institution. It is something of a revelation to many who are not familiar with the extent of the property owned by the State at that sanatorium, which is annually curing many who would die victims of the white plague. Camden has had its quota of patients there, and many are able to testify to the excellence of the treatment, at least in its permanent effects for health.

It is shown in the financial statement that the average annual cost per patient is $522.30, or a weekly net cost of $10.04. In its entirety, the expenses the past year were as follows: Administrative expense, $27,837.69; table supplies, $29,938.62; house supplies, $2,959.34; repairs, $1,902.87; farm, stables and ground, $1,533.80; heat, light and power, $5,407.84; miscellaneous expense, $1,381.44; total, $70,961.60. By deducting the board received from patients who are able to pay, amounting to $6,097.40,

the annual cost per patient is $476.03, making a weekly cost of $9.154.

The permanent assets of the institution are: Land, $19,196; roads, walks, etc., $9,656.98; buildings, $231,174.93; water system, $20,872.14; sewer, $10,042.30; live stock, $1,650; farm buildings, $3,598.23; farm machinery and tools, $380.35; wagons, carriages, etc., $1,643.50; total, $330,716.21. The total receipts show $90,112.19, which includes the $80,000 appropriation from the State.

Cancer Laboratory at Buffalo, N. Y.

Coincident with the introduction in the Legislature of a bill by Senator Lewis for an appropriation of $65,000 for a New York cancer laboratory here, the announcement was made at Buffalo, January 19, by Dr. Gaylord, of the laboratory, that he has discovered a cure for cancer, and has successfully demonstrated it in the case of a boy 17 years old. "Yes," said Dr. Gaylord, "a cure has been effected, and the work has progressed to the point where it is absolutely necessary that we should have a research hospital in connection with the institution, if we are to keep abreast of what is being done elsewhere. Our experiments with vaccination have brought results that justify us in applying the treatment to human beings in a hospital of this kind."

In the case of the cured boy, an operation had been recommended to remove the cancer, which was located on his neck. The boy's parents refused to allow this, and so the treatment at the cancer laboratory followed. The vaccine gradually removed the cancer, and now all trace of it has disappeared.

Deaths.

CANNON—In Elizabeth, N. J., January 9, 1911, Dr. Henry Rutgers Cannon, aged 89 years.

Dr. Cannon was born at Pleasant Plains, near New Brunswick, May 20, 1821, a son of Rev. Dr. James Spencer Cannon and Catherine Brevoort, daughter of Judge Elias Brevoort, of Hackensack. His father was a native of the West Indies and for many years filled the chair of pastoral theology in Rutgers College.

Dr. Cannon received his preliminary education in the grammar school of the college, and in 1836 was matriculated into the college itself, being graduated in 1840. Deciding to enter the profession of medicine, he began studying with Dr. William Van Deurson, of New Brunswick, meantime attending a course of lectures in the medical department of the University of New York. In March, 1843, he was graduated a doctor, and began practicing in Somerset County, and for nine years he was actively engaged in his profession. In 1852 he established himself in mercantile business in Plainfield, which he conducted until 1857. When Union County was set off from Essex County at that time he was chosen first county clerk, and served four terms of five years each. He was one of the incorporators of the former Newark and Elizabeth Horse Railroad Company, and was interested in other enterprises.

After he had concluded four terms as county clerk he was appointed a member of the Board of Assessment and Revision of Taxes, and was chairman of the commission.

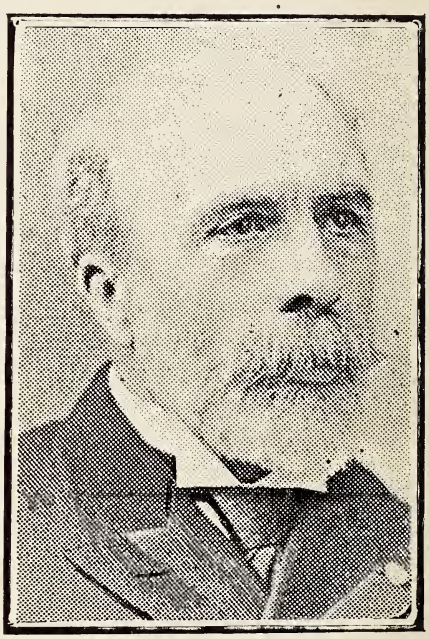
He allied himself with the Masonic fraternity in 1853, becoming a member of Jerusalem Lodge of Plainfield. Two years later he was chosen worshipful master.

He was married in 1863 to Mrs. Mary C. (Brinckerhoff) Van Vranken. She died several years ago. He leaves one son, Henry Brevoort Cannon, of Hackensack, and a daughter, Mrs. DeWitt Clinton Jones, Jr., of Elizabeth.

CLARKE—In Morristown, N. J., January 13, 1911, Dr. Edward V. Clarke, aged 87 years.

Dr. Clarke was born in Troy, N. Y. He practiced medicine in New York State for thirty years, when he retired and settled in Morristown. He left a widow and one daughter.

KIPP—In Newark, N. J., January 13, 1911, Dr. Charles John Kipp, of pneumonia, aged 72 years.



CHARLES J KIPP, M. D.

Courtesy of the Newark Evening News.

Dr. Kipp was born in Hanover, Germany, October 22, 1838. He began his education there and continued it in New York when he came to this country in 1854, graduating from the College of Physicians and Surgeons (Columbia) in 1861.

In 1861 Dr. Kipp volunteered his services in defence of the Union and was appointed surgeon to the Fifth Regiment, N. G. N. Y. The following year he was made assistant surgeon of the Third Battalion, New York Artillery, and in May, 1863, assistant surgeon, United States Volunteers. Promoted to the position of surgeon of the United States Volunteers in March, 1864, Dr. Kipp was the following year accorded greater distinction when by reason of meritorious and faithful service on the field he was breveted lieutenant-colonel.

As a surgeon in the National Guard, the artillery and the volunteer service, Dr. Kipp spent three years on the battlefield, and only retired to take up hospital work during the remainder

f the war. He performed such work in Nashille, Tenn., and Indianapolis, Ind., subsequent- being made chief of the United States Board f Inspectors of Recruits at the general rendez- ous in Indiana. He also held the position of edical director of the freedman's bureau of at State from August, 1865, to February, 1868.

Beginning his practice in Newark by open- g an office in Kinney street, in 1869, Dr. Kipp uickly assumed a leading position in medical rcles. He organized the first eye and ear inic at St. Michael's Hospital in 1870, and for n years remained at its head. He was elected resident of the Essex County Medical Society 1880. In retiring from this office he advocat- l the formation of the Society for the Relief Widows and Orphans of Medical Men of ew Jersey, which was incorporated in 1882. e was elected president of the organization, hich office he held at his death.

Since 1880, Dr. Kipp had been consulting sur- on at the Newark Eye and Ear Infirmary. e was elected president of the Medical So- ety of New Jersey in 1886, and at his death as president of its board of trustees. From 01 to 1906 he was president of the board of anagers of the New Jersey Sanatorium for uberculous Diseases. He was president of the merican Ophthalmological Society in 1907, esident of the American Otological Society in 08 and vice-president of the American Medi- l Association in 1909. He was also a member the Ophthalmological Society of Heidelberg, ermany; New York Academy of Medicine, and e New York Pathological Society.

Dr. Kipp was connected with St. Barnabas's ospital, the German Hospital, the Protestant oster Home and the Newark City Hospital. e was also a member of the Essex Club and a mpanion of the Loyal Legion. He was a con- ibutor to medical encyclopedias, and was one the editors of The Archives of Otology. any of his most valuable writings have ap- ared in such journals as Medical and Surgical istory of the Rebellion, The Transactions, and urnal, of the Medical Society of New Jersey, d the proceedings of other medical and scien- ic societies of which he was a member.

Dr. Kipp was in his seventy-third year, and m the inception of his illness, ten days before s death, his condition had been critical. He as unmarried and leaves surviving a number nieces and nephews.

After a short service at Dr. Kipp's late home, e funeral was held in Trinity Episcopal urch at 11 o'clock Monday morning, Rev. uis Shreve Osborne officiating. Interment as in Mt. Pleasant Cemetery.

The honorary pallbearers were Chief Justice illiam S. Gummere, Vice-Chancellor John R. mery, former Governor Franklin Murphy, rederick Frelinghuysen, Dr. Thomas H. Mac- nzie, of Trenton; Dr. W. J. Chandler, Dr. dward J. Ill, Dr. Walter S. Washington, Dr. rchibald Mercer and Dr. Charles Young.

(For further notices see previous pages.)

MENGER—At the Millspaugh Sanatorium, aterson, January 8, 1911, Dr. William Menger, Union Hill, Hudson County, N. J., aged 34 ars.

Dr. Menger was born in the house from which was buried thirty-four years ago, and he at- nded the local schools. After being graduated from the local High School he studied medicine at the New York University. After leaving college he served as an interne in a New York City hospital and later left to return to the town of his birth, where he took up the practice of medicine.

Dr. Menger was one of the best known physicians in North Hudson. For many years he had been a physician of standing in this end of the county, and his reputation had been of the highest. For a few years he was the township physician of North Bergen.

He was first taken ill about four months ago. At the time he refused to quit his practice or neglect his business interests until finally, at the the urgent request of Mrs. Menger, he decided to give up all work and go to the country to recuperate. He went to the Adirondack Mountains, where he remained for several weeks. When he returned to the town he was looking healthy and was well bronzed. There was color in his face and his step was as springy as ever.

He resumed his practice and took up his other business interests gradually. He was seen about the town calling on his patients as late as Friday afternoon. It seems that Friday night he felt he was losing strength again, so on the advice of friends, Saturday, he left for the sanatorium, where he died from a stroke of apoplexy. He is survived by Mrs. Menger and one child, a daughter, Lucille, 2 years old.—Hudson Observer.

OBERLE—At St. James Hospital, Newark, N. J., January 6, 1911, Dr. William A. Oberle, of blood poisoning, aged 28 years.

Dr. Oberle graduated at the Baltimore Medical College in 1907.

WILLS—In Camden, N. J., January 18, 1911, Dr. Joseph H. Wills, aged 66 years.

Dr. Wills was born March 13, 1844, at Smithville, Burlington County. After his preliminary education, he entered the medical department of the University of Pennsylvania, from which he graduated in 1880; became a resident physician in the University Hospital and later in the Orthopedic Hospital of Philadelphia. About three years after he settled in Camden, where he practiced until his last illness.

When the Cooper Hospital first opened in 1887 he became a member of the medical staff. For 25 years he was district physician of the City Dispensary. He was a member of the Camden City, the Camden County and the State Medical societies. Several months ago he had a severe attack of pneumonia from which he rallied and resumed practice. Three weeks ago he was stricken down again with pneumonia, which resulted in his death. He is survived by a widow and two daughters.

At a meeting of the Camden City Medical Society the following resolutions were unanimously adopted:

"Whereas, It has pleased Almighty God to remove from our midst our beloved member, Dr. Joseph H. Wills; therefore, be it

"Resolved, That we, the committee of the Camden City Medical Society, hereby express our sense of loss and great bereavement.

"Resolved, That by his kindly and loyal traits of character, he has endeared himself to his associates, especially to those most intimately associated with him in the profession, and left a place hard to fill.

"Resolved, That the society extend to his family its sympathy in their affliction."

Personal Notes.

Dr. George H. Balleray, Paterson, read a paper on Tumors of the Female Breast, at the meeting of the Medical Association of the Greater City of New York, November 21, 1910.

Dr. James Douglass, Morristown, was chosen health physician of that city, by the Board of Health, January 9. Drs. F. H. Glazebrook and Clifford Mills are members of the board.

Dr. William H. Lawrence, Jr., Summit, was re-elected president of the local Board of Health, January 9.

Dr. David E. English, Summit, was elected last month city physician in place of Dr. William J. Lamson, who declined re-election.

Dr. William S. Lalor, Trenton, was re-elected recently vice-president of the Interstate Fair Association, at the stockholders' annual meeting.

Dr. Augustus J. Mitchell, Newark, and wife spent two weeks last month in Florida.

Dr. Walter Madden, Trenton, in his annual message as Mayor of that city, said: "Absenteeism of heads of departments should not be tolerated. All officials, whether high or low, should be compelled to give to their respective positions the time and talent for which they receive compensation."

Dr. Alex. Marcy, Jr., Riverton, was re-elected recently a director of the Cinnaminson National Bank of Riverton.

Dr. Joseph A. Maclay, Paterson, received last month a serious injury of his right eye by the explosion of an X-ray tube, a piece of glass cutting the cornea. He has entirely recovered from it.

Dr. Henry Mitchell, Asbury Park, left there last month for his winter home in Florida. His address is P. O. Box 251, Daytona, Florida. He expects to return about May 1st, 1911.

Dr. D. J. Milton Miller, Atlantic City, at the New York Academy of Medicine meeting, December 8, 1910, discussed Dr. Martha Wollstein's paper on "Influenza Meningitis and Its Experimental Production."

Dr. Watson B. Morris, South Orange, enjoyed last month a visit at Baltimore and Washington.

Dr. Edward E. Peck, Caldwell, was recently elected physician of the Borough of the West Caldwell Borough Council.

Dr. Edward Parry, Camden, is improving under treatment in the Medico-Chirurgical Hospital for throat diseases.

Dr. Edward B. Rogers, Collingswood, was last month presented with a handsome gold charm by the local assembly of Artisans, as an appreciation of valuable services rendered by him.

Dr. Joseph Stites, Moorestown, has been re-elected a director of the National Bank of Moorestown.

Dr. Harry A. Stout, Wenonah, was recently elected a director of the Woodbury Trust Company.

Dr. Henry H. Sherk, Camden, delivered an illustrated lecture in Grace Baptist Church, January 18, on the Grand Canyon of Arizona and the Yellowstone Park.

Dr. Benjamin A. Waddington, Salem, is r covering from a severe attack of influenza.

Dr. Joseph S. Baer, Camden, was given complimentary dinner last month before his d parture for the Pacific Coast, where he w spend the winter.

Dr. John K. Bennett, Gloucester City, h been re-elected health inspector.

Dr. Charles V. Buttler, New Brunswick, h been obliged by ill health to take a few week rest, since the death of his son.

Drs. Arthur W. Condict and Alex. J. Carro Dover, were recently elected members of th Dover Board of Health.

Dr. G. Wyckoff Cummins, Belvidere, was r cently elected town physician.

Dr. Richard M. H. Davis, Salem, was electe president of the Salem Board of Health.

Dr. Henry V. Davis, North Branch, has bee reappointed township physician.

Dr. Grafton E. Day. Collingswood, was elec ed borough physician last month.

Dr. Henry B. Diverty, Woodbury, was r cently elected a member of the local Board Health to serve three years.

Dr. George W. Endicott, Plainfield, la month visited his son in Virginia, after reco ering from a severe attack of the grip.

Dr. Robert H. Hamill, Summit, was rea pointed last month a trustee of the Free Publ Library.

Dr. Herman C. H. Herold, Newark, bega last month his sixteenth consecutive term a president of the Board of Health. It was als the beginning of his twenty-ninth year as members of the board. He received warm con mendation for efficient and faithful service.

Dr. Edward J. Ill, Newark, has an able illu trated paper in the American Journal of Ob stetrics, January, 1911, on "Secondary Repair Complete Perineal Laceration; Its Technic an Results," which was read at the annual meetin of the American Association of Obstetrics an Gynecologists, Syracuse, N. Y., September, 191

Dr. William H. Kensinger, Camden, was give a testimonial dinner recently, in recognition his services as a member of the City Council.

Dr. John D. Moore, Bloomfield, recently r signed as a member of the Board of Healt and was appointed town physician by the cou cil.

Dr. Daniel W. Poor, Orange, received recen ly the hearty endorsement of the Practitioner Society of the Oranges, for reappointment o the Orange Board of Health.

Dr. Elmer D. Prickett, Mt. Holly, and wi entertained the members of the Young Friend Association at their home on December 17th.

Dr. John M. Randolph, Rahway, was appoin ed one of the city physicians of that city.

Dr. Frank G. Scammell, Trenton, was electe last month by the Freeholders county physicia

Dr. Joseph F. X. Stack, Hoboken, has bee appointed a member of the local Board Health.

Dr. John W. Wade, Millville, was electe president of the local Board of Health las month and Dr. H. Garret Miller vice-presiden

Drs. Henry T. Harvey, Samuel R. Le Elisha C. Chew and Arthur E. Ewens, Atlan tic City, were recently elected members of th medical board of the Bide-a-Wee Home. D

V. Edgar Darnall was chosen as consulting urgeon.

Dr. George W. Fithian, Perth Amboy, health fficer of the Port of Perth Amboy, has just ecovered from an attack of scarlet fever.

Dr. Dowling Benjamin, Camden, has been uggested for appointment as a member of the tate Board of Health, to represent South Jerey on the Board. If the present system must e continued rather than a Department of Iealth with a commissioner of health, there hould certainly be added three physicians to he board. We believe Dr. Benjamin would be competent member.

Dr. Carroll H. Francis, Camden, captain and ssistant surgeon of the Third Regiment Infanry, National Guard of New Jersey, has reeived the honor of an appointment by the President of the United States, to attend the Army Post Graduate School for Medical Offiers at Fort Leavenworth, Kansas.

Dr. William I. Kelchner, Camden, is having he third floor of the Professional Building at Wildwood fitted up as a private and emergency ospital, the first hospital for Five-Mile Beach.

Dr. Thomas F. Higgins, Elizabeth, is in St. Elizabeth's Hospital, suffering from nervous prostration, and Dr. Robert J. Montford has an ttack of pneumonia, which, however, is not langerous.

Book Reviews.

BISMUTH PASTE IN CHRONIC SUPPURATIONS, BY Emil G. Beck, M. D., Surg. So. Chicago. Hosp. Eighty-one engravings. St. Louis, C. V. Mosby Co., 1910.

The mode of preparation of the paste, its diagnostic importance and therapeutic value, the technic of the operation, its limitations, bismuth poisoning and its prevention are some of the topics considered in this excellent monograph.

PRIMER OF HYGIENE, BY JOHN W. RITCHIE, Prof. Biology,, Coll. William and Mary, Va., and Joseph S. Caldwell, Prof. Biology, George Peabody Coll., Tenn. World Book Co., 1910, Yonkers, N. Y.

Some of the essential truths of anatomy, physiology and hygiene are here simply and unobjectionably presented for the instruction of the young.

THE CARE AND TRAINING OF CHILDREN, BY LE Grand Kerr, M. D., author of "The Baby;" Its Care and Development, Prof. of Diseases of Children, Brooklyn Post-Grad. Med. Sch., etc. Funk & Wagnalls Co., New York and London, 1910.

This is a suggestive and helpful book for parents and others entrusted with the care of children.

THE PRACTICAL MEDICINE SERIES, VOL. IX. Skin and Venereal Diseases, by W. L. Baum, M. D., and Harold N. Moyer, M. D. Series 1910. The Year Book Publishers, Chicago.

In addition to the presentation of the recent acquisitions in the department of Skins and Venereal Diseases, there are other chapters on miscellaneous topics—Medical Education, Darwinism, Life Insurance, State Control of Medical Practice, Vivisection, etc.

THE PRACTICAL MEDICINE SERIES, VOL. X, Nervous and Mental Diseases, by Hugh T. Patrick, M. D., Prof. Neurology, Chicago Polyclinic, and Peter Bassoe, M. D., Asst. Prof. Nervous and Mental Diseases, Rush Medical College, Chicago. The Year Book Publishers.

REPRINTS RECEIVED.

Dilatation of Stricture of the Male Urethra, by Victor C. Pedersen, M. D., New York City.

Brief Study of the Contribution of Ignaz P. Semmelweis to Modern Medicine. Also a Case of Polycystic Kidneys, both by Dr. Richard C. Newton, Montclair, N. J.

Nasal Septum, by Bryan DeF. Sheedy, M. D., New York City.

Restraint Instead of Treatment in Hospitals for the Insane, by L. Vernon Briggs, M. D., Boston, Mass.

Surgical Clinic: Tumor of the Breast; Prostatic Obstruction, Pyelitis; Chronic Appendicitis, by Parker Syms, M. D., New York.

MEDICAL EXAMINING BOARDS' REPORT.

	Examined.	Passed.	Failed.
Arkansas, November...	24	8	16
Connecticut, November	29	24	5
Connecticut, Homeop'c	4	4	0
Illinois, October*.....	76	33	43
Michigan, October.....	13	12	1
Missouri, September...	58	38	20
Montana, October.....	52	36	16
Nebraska, May.....	59	59	0
Nebraska, August.....	10	10	0
Tennessee, May.....	367	315	52
Texas, June.....	139	135	4
Washington, July.....	104	79	25
W. Virginia, November	29	24	5

*During 1910, out of 629 examinations by the Illinois Board, there were nearly 20 per cent. of failures.

State Board of Medical Examiners' Report.

According to the twentieth annual report of the State Board of Medical Examiners just filed with Governor Fort, New Jersey in so far as medical standard is concerned, is in the first rank. The examiners say that in the past year the State has fully maintained the high academical, medical, moral and examining standards set forth in the present medical law.

In 1910, 263 physicians were granted licenses to practice medicine, the rejections amounting to 9 per cent. of the total. Licenses were also granted to 33 applicants to practice midwifery and four persons were licensed to practice chiropody. The number of those who took these examinations and did not pass was large compared to the number of medical applicants who failed. Fifty per cent. of those who took the midwifery examination failed and 56 per cent. failed to pass the chiropody examination.

The report states that the effect of the present medical statute has been to compel, in conjunction with the laws of other States, medical schools to keep their standards of graduation at least as high as the State requirements. The law is also protecting, in the opinion of the

examiners, against fraudulent and unlawful practitioners. The working of the act has proven entirely satisfactory to the board and to all concerned. The business affairs have been conducted in an impartial manner with all applicants for a State license and with harmony among the members.

The present officers of the board are: Dr. William Perry Watson, president; Dr. Armin Ueberlacker, treasurer; Dr. Horace G. Norton, secretary.

Public Health Items.

Scarlet Fever in Elizabeth.

Since New Year's Day sixty-five cases of scarlet fever have been reported to the health authorities in Elizabeth. Most of the cases, however, are of a mild type. Among those stricken by the malady is Dr. Frederick H. Pierson, of the Elizabeth General Hospital staff, who is now a patient in the Isolation Hospital.

Smallpox in Pennsgrove.

Seven new cases of smallpox developed in this place January 23d, and three of the victims were removed to the hospital for treatment. Two of those admitted were girls, one 17 years old and the other 11. They have the disease in a mild form. The new cases were unexpected, as the officers of the Board of Health thought the epidemic was under control. The new cases were inspected by Dr. W. M. Welsh, of the Municipal Hospital, Philadelphia, who pronounced them genuine cases of the disease, and dispelled the reports circulated that they were not smallpox.

Camden Alert Against Smallpox.

Every precaution has been taken by the local Board of Health to care for any case of smallpox that might be discovered in this city. No cases have been reported, but owing to the fact that nine cases have been discovered in Pennsgrove, the officials of the local board feel they should be prepared for an emergency.

Dr. H. H. Davis, president of the board, said this morning that he did not fear any of the people afflcted with the loathsome disease would come here, but, as an act of precaution, he has requested the railroad to keep a close watch on all persons boarding trains at Pennsgrove. It is by this route that the danger is feared.

In reference to other contagious diseases, Dr. Davis said: Although there are more cases of measles in the city at the present time than for years past, physicians are delinquent in reporting them. Dr. Davis said that but one-third of the cases are reported. Several other diseases which are required to be reported are ignored by many physicians, particularly tuberculosis and measles.

The spread of disease cannot be checked unless precautions are taken. The local board is doing everything possible to safeguard the health of the community, and it is difficult unless physicians co-operate with them.

Twenty cases of measles were reported last week and the same number this week. The disease is not confined to one section, but is spread throughout the city. Attention of physicians is called in the hope that no drastic action may be taken by the board compelling them to report.—Camden Daily Courier.

Open-Air School for Tuberculous Children.

The first public school in this State for children having a tendency toward tuberculosis is the open-air school of the Anti-Tuberculosis League and the Orange Board of Education. It is located at the day camp in Central avenue, Orange, on ground adjoining the Orange Memorial Hospital, and although it has been open but a short time it has a class of a dozen enthusiastic pupils.

While the league does not claim the camp or school to be a model plant of its kind, still it is the most complete in the State and it is accomplishing much for the children who have thus far taken advantage of the open air and the chance to secure at the same time a good common school education.

Step by step, the league, which is the oldest in this State, advanced in its efforts to establish a place where the tubercular residents of the Oranges could find a place to recuperate. Last summer only children were cared for. It was almost imperative to continue the treatment for the children who spent the vacation at the camp and best for the health of uninfected children, to establish a school so that the youngsters might continue to profit by fresh air and suitable diet and still not miss the advantages of an education.

In order not to conflict with the law and to make the instruction equal to that given in the public schools, it was deemed necessary to ask the Board of Education to join the league in working out the scheme. The school commissioners saw the advantage to be gained and agreed to provide a teacher and school equipment. The league furnishes the school-room and a nurse and the equipment of a day camp.

Newark Increases Number of Medical Inspectors.

The Newark Board of Education, January 10, decided to increase the force of medical school inspectors from 16 to 37.

"We can get no substantial results with the present force," Mr. Guild said. "There is but one way to comply with the statute so far as we can see and that is to increase our present force. By doing so we can secure a thorough inspection and will be able to enforce the law as it should be enforced."

Under the committee's plan the school districts will be consolidated in such a way as to limit the total number of pupils to 1,000 or as near that figure as possible. In the cases of larger schools where the pupils number in the neighborhood of 2,000, each school will be constituted a separate inspection district in charge of a physician who will have no other duties to perform.

Rules governing the department were also adopted. They require the inspectors to devote at least two hours a day to their duties and to visit every school in their district each day.

One rule which requires the physicians to enter the homes of pupils to verify unofficial diagnoses made by the department nurses, met with the opposition of Dr. Thomas S. McCabe. He

declared emphatically that the inspectors "had no right to enter the homes of pupils to conflict with the family physicians."

Dr. George J. Holmes, supervisor of medical inspection, explained that it was an old rule.

"Yes, I know that," retorted Dr. McCabe, "but it's a practice that has made the medical men in the city pretty sore. It is simply a case of verifying a diagnosis."

"Merely the nurses' diagnosis," insisted Dr. Holmes. "And if they have no rights in a pupil's home, then neither have the nurses."

"They haven't," was the retort. "The nurses are not supposed to practice their profession in the homes, but they do just the same."

Dr. McCabe withdrew his objection when Dr. Holmes made it clear that the inspectors would enter the houses in cases where there were no family physicians in attendance.—Newark Evening News.

Newark's Health Record.

In an official report to the Board of Health, January 3, 1911, Health Officer David D. Chandler made the statement that the death rate for Newark for 1910 was the lightest of any year since the keeping of accurate and systematic records was begun twenty-five years ago. The rate for the year just closed was 16.6 for each 1,000 of population. The rate for 1909 was 17.77 per 1,000.

Mr. Chandler submitted a mortality table showing the death rates in the first group of the cities of the United States, beginning with New York and going down the scale of populous municipalities as far as Minneapolis, leaving out St. Louis and Los Angeles for lack of statistical information. This table shows Newark to be equal to the average of healthful populous cities.

The figures showed that Minneapolis (death rate 12.4) is the healthiest city, and New Orleans (rate 21.4) the least healthy, among the foremost group of American municipalities, if mortality rates are accurate indexes of health conditions. New York, Chicago, Cleveland, Detroit, Buffalo, San Francisco, Milwaukee and Minneapolis are lower than Newark, while Philadelphia, Boston, Baltimore, Pittsburg, Cincinnati and New Orleans are above it.

"It is a matter for congratulation," Mr. Chandler said, "that we have such a low death rate. The city has improved visibly in that respect, especially in the last few years. The rate at the present time tells its own story when we compare it with the rate of twenty-nine per 1,000 prior to the advent of the Pequannock water supply. The death rate, outside the hospitals, is several points lower than the total is shown. The recent High street factory fire, in which twenty-five deaths occurred, contributed four points to the decimal figure of the rate."

Dr. James T. Wrightson expressed the thought that in the mortality rate there should be a separation of those deaths that occur at the local hospitals among patients brought here, the result of accidents in other places, or non-residents, who, in dying stages, are entered at the city institutions to obtain the possible benefit of treatment not previously given them. It was the doctor's opinion that this class of deaths should not be counted against those of the city.

Commissioner Baker took the other side of the situation, and argued that when it was admitted that many persons, resident of this city, die in other places, where they had gone for treatment, the one class would probably offset the other.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, December, 1910.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending December 10, 1910, was 2,977. By age periods there were 455 deaths among infants under one year, 221 deaths of children over one year and under five years, and 1,009 deaths of persons aged sixty years and over.

Pneumonia and diseases of the respiratory system show the highest death rate, the number of deaths from pneumonia for the month was 247, an increase of 104 over the previous month. The total number of deaths in the State was 2,977, which is 259 less than the average for the previous twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending December 10, 1910, compared with the average for the previous twelve months. The average in each class of diseases are enclosed in parentheses:

Typhoid fever, 38 (31); measles, 11 (14); scarlet fever, 8 (22); whooping cough, 26 (28); diphtheria, 81 (58); malarial fever, 2 (2); tuberculosis of lungs, 292 (316); tuberculosis of other organs, 41 (57); cancer, 150 (150); diseases of nervous system, 374 (358); diseases of circulatory system, 397 (363); diseases of respiratory system (pneumonia and tuberculosis excepted), 229 (235); pneumonia, 247 (255); infantile diarrhœa, 83 (244); diseases of digestive system (infantile diarrhœa excepted), 173 (218); Bright's disease, 234 (218); suicide, 34 (34); all other diseases or causes of death, 557 (655); total, 2,977 (3,236).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

From suspected cases of diphtheria, 523; tuberculosis, 324; typhoid fever, 187; malaria, 16; miscellaneous, 42; total, 1,092.

Laboratory of Hygiene – Division of Food and Drugs.

During the month ending December 31, 1910, 332 samples of food and drugs were examined in the State Laboratory of Hygiene.

All samples of candy, cocoa, olive oil, vinegar and cream tartar were found to be above standard. The following were below standard: 8 of the 186 of milk; 6 of the 8 of butter, and the one each of eggs and lemon extract. Eight suits were begun for milk adulteration and 6 for butter.

Division of Creameries and Dairies.

DAIRIES.

During the month, 96 dairies were visited, and the following table shows the counties in which

the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent. of the perfect mark :

County.	Number inspected.	Above 60 %	Below 60 %
Bergen	1	0	1
Camden	1	1	0
Hudson	3	0	3
Hunterdon	67	22	45
Mercer	1	1	0
Middlesex	20	11	9
Morris	1	1	0
Passaic	1	0	1
Somerset	1	0	1
Totals	96	36	60

Number of water samples collected from dairy premises, 2.

Inspections were made at the request of the following local boards of health: Collingswood, Perth Amboy, Princeton and Rutherford.

CREAMERIES.

During the month 50 creamery inspections were made, as follows: Allamuchy, Andover, Asbury Park 3, Baleville, Baptistown, Belle Mead, Branchville, Davis, Elizabeth, Great Meadows, Guttenberg, Hackensack 2, Hackettstown, Hainesburg, Haledon 2, Hamburg, Hixon, Hoboken 2, Irvington 2, Jersey City 3, Jutland, Lafayette, Long Bridge, McAfee, Mulfords, Newark 2, New Brunswick 2, Perth Amboy 2, Plainfield 3, Richfield, Rutherford, Somerville, Stockholm, Tranquility, Union Hill, Warbasse, Woodruff's Gap.

Number of creamery licenses recommended, 4.

Number of water samples collected from creamery premises, 2.

During the month ending December 31, 1910, 70 inspections were made in 37 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 514; butter, 599; foods, 600; drugs, 195.

Other inspections were made as follows:

Milk wagons, 157; drug stores, 10; restaurants, 5; milk depots, 43; slaughter-houses, 1; meat markets, 8; butter wagons, 4; grocery stores, 341; milk cans, 24; butter stores, 7.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 119, as follows:

Public water supplies, 59; creamery supplies, 2; spring waters, 10; private wells, 15; dairy supplies, 2; sewage samples, 19; miscellaneous, 12.

INSPECTIONS.

Public water supplies were inspected at Red Bank, Princeton, Riegelsville, Warren Paper Mills, Medford.

Sewage disposal plants and systems inspected at Red Bank, Lakewood, Burlington, Merchantville, Rahway, Essex Fells, Ridgewood, Haddonfield, Asyla, Princeton, Riverside, Roebling, Moorestown, Woodstown, Overbrook, Flemington, Freehold, Point Pleasant, Manasquan, Spring Lake, Avon, Bradley Beach, Ocean Grove, Loch Arbour, Allenhurst, Interlaken, Deal, Water Witch.

Special inspections at Oakland, Medford, Hohokus, Perth Amboy.

Stream inspection on Mullica, Whippany, Maurice, Rahway and Delaware Rivers, Mantua Creek, Great Egg Harbor Bay.

Number of plans for sewage disposal plants and systems approved	8
Number of plans for water plants approved	2
Number of ten-day notices issued	97
Number of persons summoned before the board	67
Number of pollutions reported	217
Number of reinspections made	142
Number of abatements reported	93
Number of municipalities notified to cease pollution	21
Cases referred to the Attorney-General	2

New and Non-Official Remedies Approved by the A. M. A. Council on Pharmacy and Chemistry.

Since December 1 the following articles have been accepted by the Council for New and Unofficial Remedies:

Nucleic Acid (Merck) Merck & Co.).

Tuberculinum Purum (Morgenstern & Co.).

Supracapsulin Inhalant (Cudahy Packing Co.).

Bornyval (Riedel & Co.).

Antiformin (American Antiformin Co.).

Acne Bacterin (H. K. Mulford Co.).

Friedlander Bacterin (H. K. Mulford Co.).

Antimeningitis Serum (H. K. Mulford Co.).

Staphylo-Albus Bacterin (H. K. Mulford Co.).

Staphylo-Aureus Bacterin (H. K. Mulford Co.).

Staphylo-Acne Bacterin (H. K. Mulford Co.)

Staphylo-Bacterin (H. K. Mulford Co.).

Normal Serum (H. K. Mulford Co.).

Noguchi Test for Syphilis (H. K. Mulford Co.).

Tuberculin T. O. A. Original Tuberculin T. O. A. (V. Koechl & Co.).

Tuberculin "Koch" (Old) (V. Koechl & Co.)

New Tuberculin "Koch" (T. R.) (V. Koech & Co.).

Koch's Bacilli Emulsion (V. Koechl & Co.)

Tuberculosis Diagnostic "Hoechst" (V. Koechl & Co.).

Tuberculosis Diagnostic "Hoechst," dry in tubes (V. Koechl & Co.).

Tuberculosis Diagnostic "Hoechst," 0.1 per cent. solution (V. Koechl & Co.).

Vacuum Tuberculin (Victor Koechl & Co.)

Dry Dead Tubercle Germs (Victor Koechl & Co.).

Bovine Tuberculin (Old) (Victor Koechl & Co.).

Bovine Tuberculin (T. R.) (Victor Koech & Co.).

Bovine Tuberculin (Victor Koechl & Co.).

Bovine Bacilli Emulsion (Victor Koechl & Co.).

Vacuum Bovine Tuberculin (Victor Koech & Co.).

Polygenous Tubercle Bacilli Emulsion (Victor Koechl & Co.).

Dead Bovine Tubercle Bacilli (Victor Koech & Co.).

Tuberculin Residue (Victor Koechl & Co.)

Tuberculosis Serum Vaccine "Hoechst" (Victor Koechl & Co.).

L-Suprarenin Synthetic (Victor Koechl & Co.).

L-Suprarenin Synthetic Bitartrate (Victor Koechl & Co.).

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PODALGIA AND FLAT FEET.*

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The pedal extremities of civilized man are subject to many painful conditions.

Of the fifty-seven varieties of painful feet frequently met with in practice, by far the most common cause operating to produce this condition, is dependent upon defective arch support resulting usually in some degree of flat-foot.

Up to within a very few years flat-foot was quite generally considered a rare condition and one that did not seriously demand very much attention from the general practitioner. It was more or less a border-line condition between medicine and surgery.

During the past one or two decades the impression relative to this affliction has materially changed and the indications at the present time are that it is becoming an increasingly prevalent and a painfully crippling complaint among all classes of society.

Men seeking admission to the United States army, police department and post-office service are quite frequently turned down by the medical examiner because of flat feet. As only fairly able-bodied men make application for positions of this character, it is reasonable to infer that a much larger proportion of our population suffer from crippling flat feet than the statistics from these sources usually show.

At the New York Orthopædic Dispensary ten years ago, or in 1900, out of a total of 3,237 orthopædic cases treated during the year the records show that 144, or one out of every twenty-three patients treated, applied for the relief of a condition classified under the head of flat feet. During the past year our statistics, just completed, show that out of a total of 4,956 orthopædic cases treated 732 had flat-foot, *i e.*, every sixth or seventh case was classified under this heading. In other words, these statistics show that in ten years' time the relative frequency of flat-foot conditions to other orthopædic ailments has increased more than threefold.

It would be interesting to trace by careful study the causes of this remarkable increase. I will speak of only a few that occur to me at this time as possibly explaining why feet with weakened arches are so prevalent to-day.

In the first place flat-foot is a condition that we can justly assume is better understood by the surgeon to-day than it was ten years ago. It has been carefully studied and fairly effective corrective and therapeutic measures have been worked out by experiment.

Then, as in all surgical conditions, as the nature, cause and treatment of any affection become better known and understood, the ailment itself, for a time at least, appears to become more prevalent; more cases are reported, surgeons recognize the symptoms earlier and they frequently find the disease where formerly it was overlooked or placed in another class. This, I think, has been our experience with appendicitis and some other surgical conditions, and is no doubt true to some extent of flat-foot.

The placing on public sale, in the shops, of the commercial flat-foot plate and the orthopædic shoe has called the attention of the public to a possible defect in the feet

*Read before the Physicians' and Surgeons' Club of Jersey City' Nov. 15, 1910.

from which many individuals may be suffering. This publicity has perhaps acted along the line of suggestive diagnosis and therapeutics to numerous susceptible observers and sufferers.

Then again no doubt the strenuous lives of our people, the long hours of standing at their work, walking on the hard pavements of our streets and standing on the hard floors of our public buildings, the carrying of heavy burdens when overtired, and manifold other similar causes have been important factors in increasing the number of patients applying for relief from this condition.

But more than anything else, I believe the increased prevalence of flat feet and allied conditions is due especially to *bad shoeing*. We are suffering to-day from the cumulative errors of the cobbler extending over many years if not centuries. Shoemakers have been working along rule-of-thumb lines for ages, and, while the final product of their labor may, from their standpoint, be considered highly artistic, it cannot always be classed as hygienic by the physician and surgeon.

It is a most surprising fact how accustomed civilization has become to certain acquired foot deformities and how tolerant she is to their persistence and perpetuation. It is equally surprising how unaware the average individual is of deformity present in his own feet until attention is called to the fact.

Fortunately for the human race, these acquired deformities of the feet due chiefly to mal-shoeing are not transmitted by inheritance to posterity. Children are born to-day with as perfect feet as nature intended and it is not until the shoe-wearing period begins that trouble commences. If the happy child should always go barefooted it is probable very little trouble would ever be experienced from flat feet, and as far as this particular class of deformities is concerned, the orthopædist could go out of business.

It is significant to observe, however, that people who have reached adult life without wearing shoes of the modern type do not suffer from flat feet per se., *i e.,* they do not have symptomatic flat-foot. There may be found evidence of lowered arch, but it is not painful and causes no disability. On the other hand, when these people come to civilized lands and undertake to adopt our shoe gear they suffer most acutely. I have quite frequently seen at the dispensary robust servant girls recently arrived from the old country accustomed to bare-foot out-door life trying for the first time to adjust their feet to a modern shoe, and their experience is most distressing.

A few years ago at the Louisiana Purchase Exposition there were quite a large number of native Philippinos and Pigmies from Central Africa—people who had never worn any footwear. Dr. Hoffman, a member of the American Orthopædic Association, was given an ample opportunity to study critically 186 pairs of these feet.

The summary of his conclusions was as follows:

"(1) The relative lengths of the feet and its component parts are practically the same in bare-footed and shoe-wearing races.

"(2) Its form, functions and range of voluntary and passive motion are the same in both up to the time of shoe-wearing, after which progressive characteristic deformation and inhibition of function ensue.

"(3) The height and shape of the longitudinal arch have no bearing on the strength or usefulness of the foot. Weakness of the arch is rarely if ever accompanied by breaking or lowering, and flat-foot as a pathological entity hardly exists.

"(4) There is no relationship or coincidence between the height of the arch and the character of the gait."

In this comparative study of the two races it is instructive to note what good use the bare-footed races make of their toes; how they have to a considerable extent preserved or developed the prehensile function of the foot and toes. It is said the Philippino boy can pick up sticks with his toes. The girls can use the foot as a third hand in holding a skein of yarn while winding it in a ball. The men climb trees with the agility and ease of their Simian ancestors.

On the other hand, examine the foot of an average representative of the shoe-wearing people; you will usually find the toes overcrowded, distorted, overlapping, forced into position of hammer-toe, hellux-valgus, and more or less covered with painful corns and callosities, while the voluntary muscular force of the toes themselves is almost nil.

With feet in this deformed condition the surgeon finds that he can not only ofttimes freely sever the contracted tendons or perform an excision of one or more over-prominent articulations with marked benefit to the patient, but that he can also in some cases, with very great advantage to the patient's comfort and without appreciably adding to his present disability, totally re-

move by amputation one or more toes from the foot.

In the modern state of civilization it would seem that in the majority of instances the toes are more or less supernumerary appendages and of no practical value. One writer claims that the foot has adapted itself to vicious shoeing to such an extent as to become a mere hindfoot or hoof.

If it were not for the fact already noted that the deformities of the parents' feet are not transmitted to posterity, we might conclude that we are passing through a stage of evolution and will ultimately reach a state when toes will be eliminated or will appear only as rudimentary organs and, like the coccyx and appendix, would persist as mere reminders of the animals that preceded us.

Ignoring the function of the toes is, to my mind, a very great mistake. The modern methods of mal-shoeing have more or less completely put the toes out of business. We need the help of the toes to-day as much as ever—not as the Philippino does, to climb trees, etc., although we all find many occasions, when performing difficult tasks, it would be extremely convenient to have a third or fourth hand at the command of our volition.

The toes have an important function to perform in maintaining the stability of the foot in walking and standing. The great toe especially, when in its normal position and properly developed, acts as a powerful flying buttress in supporting the anterior end of the longitudinal arch of the foot. Destroy or impair the integrity of this buttress, the arch gradually weakens and flat-foot is sure to ensue.

That toes are thus seriously distorted and their function more or less completely destroyed by bad shoeing is not difficult to prove. It is only necessary to examine the ordinary run of feet—perhaps the investigator's own feet will serve to satisfy his mind on this point.

Besides the general causes already alluded to, there are many *specific or immediate causes* of this disabling condition. Traumatism, by falling from a height as in an elevator shaft and landing squarely on the feet, will often force the arches down. Similarly heavy weights falling on the dorsum of the foot, or the running across the foot of a wagon wheel will also produce the deformity.

Pott's fracture of the ankle is most frequently followed by a valgus position, requiring mechanical support for a long time.

Rheumatism is a very common cause of flat-foot. After the other joints have cleared up from an attack of rheumatism, the feet are very apt to remain painful and present the characteristic deformity of pes valgus. But do not hastily make the diagnosis of rheumatism of the feet when the feet alone present any evidence of a rheumatic diathesis. A large proportion of cases of static flat-foot that apply for treatment at the dispensary have been treated for weeks for rheumatism before the practitioner realized that the patient merely had a broken down or weakened arch.

Gonorrheal arthritis of the tarsus is also a common cause of painful flat feet. Especially is the so-called "painful heel" due to this cause. If the patient is young and the pain is confined to one foot, or if there are points of marked tenderness on the plantar surface of the heel, about the os calcis, or on ball of the foot, and, moreover, if the pain is continuous and severe at night as well as when patient is standing or walking, you will be justified in suspecting that the trouble is due to gonorrhea. And if in addition a history of recent infection is obtained, the procedure for treatment is somewhat simplified.

Disturbances of circulation, especially varicose veins, is another condition frequently associated with podalgia. Varicose ulcer located posterior to and above the internal malleolus is quite common. The painful feet of Reynaud's disease are of a peculiar character. The circulatory disturbance manifested by this local syncope is usually symmetrical. The pain is worse in cold weather and aggravated by use of the feet and but little relieved by rest. Gangrenous, non-healing and sloughing spots develop upon the slightest provocation.

Excessive sweating of the feet and soft corns between the toes are also frequent complications. Many of these associated conditions are materially relieved by the correction of the deformity produced by the broken down arch. On the other hand, it sometimes happens, as Ridlon has pointed out, that a steel support in the shoe may relieve pain in the foot when the pain is due, not to flat-foot, but to a lack of normal dorsal flexion of the foot dependent upon a short calf muscle—a condition Shaffer long ago described as non-deforming club-foot.

This is a defect that examination of a large number of foot cases shows exists more frequently than suspected and often operates as a direct cause of incipient flat-

foot. In this condition the foot can scarcely be brought up to 90 degrees of dorsal flexion, and, if passively forced beyond, causes pain extending up the leg. It is quite impossible for the patient to raise himself on his heels while standing. It is more commonly found in young adults, especially females.

In many cases the short calf muscle seems to be a congenital condition, or is developed in childhood by an inequality of muscle growth. The anterior and posterior groups of muscles on the lower leg are not perfectly balanced. The posterior group constantly acting more powerfully than its antagonistic group, the foot is gradually pulled into a position of forced equinus and the patient walks on the toes and ball of foot. In attempting to get the heel down to the floor properly, the foot gradually pronates and later assumes a flat-foot position if uncorrected.

Some writers have attributed this inequality of muscular action in susceptible females to the pernicious habit of wearing high heels on their shoes. With the foot forced in an unnatural position, they are constantly obliged to accommodate their muscles to maintain a strained attitude. This condition frequently causes much distress. Pain extends from the foot to the knee and hip, and even the back is often complained of. In neurotic females many reflex symptoms are produced and their lives are rendered quite miserable.

In this particular class of cases I have had much satisfaction in treating a number of patients by the simple surgical procedure of lengthening the tendo-achilles, correcting the deformity and putting the foot in a plaster cast for a few weeks. After such treatment the patient generally has to learn anew how to walk, but the pains are relieved and the ultimate result is very gratifying in every way to patient and surgeon.

Another disabling and very painful affection of the feet is caused by a lowering or breaking down of the anterior or transverse arch of the foot. This condition is usually associated with the development of painful callosities on the plantar surface of the foot over the distal ends of the metatarsals. This is also the common cause of anterior metatarsalgia, especially that particular form known as Morton's toe. This is a neuralgic condition generally explained as dependent upon the slipping of a nerve between heads of the third and fourth metatarsal bones. The subsequent pinching while the patient walks is most excruciating and almost invariably necessitates the pulling off of the shoe at once, wherever the individual may be. This experience is so universal in this affection that to some extent it is known as the "shoepuller's disease." It seems that with removal of the shoe, the foot assumes a natural position, the nerve is released and the patient relieved for an indefinite spell. All sorts of shoes have been made for this condition, but seldom with success, and in aggravated cases nothing short of removal of the heads of the metatarsals or section of the nerve has given permanent relief. In many cases, however, the simple procedure of crowding up the transverse arch, placing a pad of felt or folded gauze under the middle of the transverse arch and encircling the whole anterior ball of the foot with a strip of adhesive plaster will give relief. Where this is successful the subsequent making of a light leather strap or lacing with properly adjusted pad, which can be worn over the stocking, inside the shoe is very helpful.

Diagnosis—Ordinarily the diagnosis of flat-foot is not difficult—in the advanced or rigid stage when the arch is way down it is easy. The method devised by Volkman of taking impressions or tracings on paper are of little value for diagnostic purposes. In the early stages such impressions do not reveal the trouble and in the later stages the trouble is manifest without their help. The first stage, when the structures are beginning to yield to an undue strain, is the important period to make a diagnosis and begin treatment. This is the stage of pronation and adduction of the foot and is really the most painful part of the whole process. When the arch is well down the pain has almost or completely disappeared.

It is for this reason that one cannot always judge from the shape and appearance of the foot what the symptoms might be. A snap diagnosis may lead to error. We often see at the dispensary a foot with the arch so depressed that literally it might make a hole in the ground, and yet no symptoms are complained of. On the other hand, the pain and disability suffered by the owner of a foot slightly pronated, although the arch appears unimpaired, is very excruciating, incapacitating the individual for ordinary locomotion.

In making a final diagnosis it is necessary to depend upon the symptom complex and not upon any one condition that may be most apparent. The deformity, if any, the localization of the pain and tenderness,

the rigidity caused by protective muscular spasm, the peculiarity of gait, the tendency to wear the shoe more on its inner border, the elimination of other possible causes of painful feet, the fact that pain is most severe while standing or walking and completely relieved temporarily while recumbent and at rest, and the relief afforded by wearing a plate in the shoe, are all factors that must be taken into consideration in making a diagnosis of static flat-feet.

Painful feet dependent upon defective arch support afflicts all classes of society. Especially is it common in middle life as the individual tends to put on extra flesh and is obliged, because of his or her employment, to stand long hours on the feet. Standing seems to be a more potent cause of flat-foot than walking, and consequently those whose employment necessitates this attitude suffer more than others. Porters, barbers, waiters, motormen, saleswomen, nurses, policemen and postmen are among those frequently afflicted.

In considering the treatment of flat-foot it is important to study carefully the normal foot and those measures which tend to preserve or restore the foot to its natural shape and condition. As already remarked, we see the foot in its most perfect form in the child before the shoe-wearing period or in the bare-footed races.

In the little child, for instance, notice how distinct each toe stands out; there is no overlapping, no overcrowding and no distortion. The foot is comparatively broad across the ball, giving a wide base of support. The greater toe and the lesser toe are both in line with their metatarsals. The inner border of the foot is practically a straight line from heel to tip of great toe. The long axis of the great toe projected backward under the instep would pass through the centre of the heel. There is a fair elevation of longitudinal and transverse arches. Viewed from behind with patient standing, the axis of the leg also falls through the centre of heel, showing there is no pronation nor adduction.

That unhampered by shoes or other compressing devices, the infantile foot would remain in this natural shape and position throughout life is reasonable to infer and is warranted by the study of the bare-footed races. How to secure this result and still conform to the modern customs of civilization is a very difficult proposition. To properly treat flat-foot to-day we must go back and re-study the problem of proper shoeing. Many efforts have been made to construct a correct anatomical shoe that will meet all the requirements, but the perfect shoe has not yet been made.

Some progress is making in the manufacture and sale of the so-called orthopædic shoe in the shops. To approximate the shoe that is desired by the orthopedist it should include these essential points: Straight inner border, moderately high last, broad enough in front to give space for free action of the toes, sole moderately thick, leather soft and flexible, heel should be of average height, coming well forward under the arch at its inner side.

It is easily surmised that a shoe built on these lines could hardly be attractive and now it is only sought after when painful feet tend to render lives miserable.

However, we can but feel that the proper time to treat flat feet by correct shoeing is before the symptoms appear—in fact, from the time the individual begins to wear shoes. Here, as in many other instances in medicine, prophylaxis is far more important than corrrective therapeutics.

It is also important to give the flat-foot patient some simple instructions about walking, and how properly to exercise the weakened muscles. Walking in the bare feet on the turf or sand tends to train the prehensile action of the foot and is useful in strengthening the arch. It is necessary to learn to walk and stand with the feet nearly parallel. This position will to a considerable extent overcome the pernicious tendency to adduction and pronation.

This parallel position of the feet in walking is contrary to the training some of us may have had at school, especially if we participated in military drills. The soldier standing at attention is directed to place his feet at an angle of about 60 degrees. The regulations of the army and the instructions given in gymnasiums are evidently wrong in regard to the position demanded of the feet in activity. Children are taught to toe outward and the consequence often is that feet that otherwise would have grown strong and sufficient have become predisposed to future disorders. I well remember in my old college town the sidewalks were paved with bricks laid at an angle of 90 degrees with each other and it was a common practice with the boys in walking exercises to try to make the feet at each step conform to the angle of the bricks. That some of our alumni have since become flat-footed I do not doubt.

In the early and acute stage of flat-foot, for a few days or weeks, or until more per-

manent measures can be adopted, much help may be had from proper strapping.

The Z. O. adhesive plaster we now have is excellent for this purpose. A wide strip of two or three inches is started under the external malleolus, brought transversely underneath and across the sole and as the foot is crowded into marked adduction, overcorrecting the deformity, the plaster is pulled taut and carried up on the inner side of the leg to the knee. This may be reinforced with one or two more strips similarly applied and perhaps one or two spiral strips encircling the leg. This gives fairly good support and often much relief from pain.

An ankle-brace outside the shoe to which it is attached in the usual way, with pad and strap at inner side of ankle and made in such a way as to oblige the patient to throw his weight on the outer border of his foot is exceedingly helpful in many cases. Along with such a brace as just described may be used a sling made of soft canvas strapping encircling the ankle with a loop at the level of the malleoli, passing under the foot from the outer side, lifting the arch at its middle portion and firmly secured to the top band of the brace by a buckle. With this apparatus properly adjusted the patient tends to correct his deformity by his own weight at each step—one part of the strap pulling the ankle outward and the other part lifting the arch. This combined apparatus is exceedingly useful in that class of rigid flat-foot which fails to yield to other treatment. The constant wearing of this apparatus does more to relieve pain and restore function than anything else in my experience.

This class of rigid and painful flat-feet just referred to is very hard to treat successfully. The forcible correction by manipulation under ether and the subsequent application of a plaster cast for a few weeks has not, in my experience, been satisfactory and I should recommend it only in exceptional cases.

Finally, just a few words in reference to plates. Some form of steel support or insole is the remedy usually resorted to and in a large proportion of cases is fairly successful. To get the best results each patient should have plates made and fitted to meet the special indications in his particular case.

To do this properly it is necessary to take a plaster cast of the foot, and on this model to mark out the size, shape and elevation of the proposed plate, and send this cast to the instrument maker with exact instructions as to grade of sheet steel, covering, etc. If the practitioner is not prepared to do this part of the work himself he cannot treat his patient satisfactorily with plates or any other form of apparatus and should not attempt it.

Dr. Ridlon, in a late article on the mechanical treatment of infantile paralysis, expresses an opinion as follows: "No practitioner should prescribe a brace unless he can make it himself, or give specific and detailed instructions to a competent mechanic to construct it for him, and then be able to modify it from time to time as may be necessary. To require an instrument maker to measure for, make, fit and apply a brace is equivalent to asking a druggist to put up a bottle of medicine for the treatment of a patient suffering from the diagnosis of pneumonia."

APPENDICITIS AND ITS MOVING PATHOLOGY.*

By GORDON K. DICKINSON, M. D.,
JERSEY CITY, N. J.

The proper and most fruitful method of studying any medical problem is through its evolution. Until within a very recent time diseases were known only by their terminal pathology, breeding a type of physicians known as "morphologists." Happily, through the numerous observations of educated and skilled surgeons, we are now able to view disease from other points than those seen in the dead-house, and we have a pathology which is living and moving. No better ground for a study of this kind, no more entertaining and instructive chain of connecting lesions have we then in the study of chronic types of appendicitis, and he who desires to perfect himself in diagnosis and prognosis should avail himself of every opportunity to study the peculiar tendency of all diseases toward dissemination.

The older pathology speaks of metastasis, which is an indefinite term of a mystical inference. Modern pathology accurately traces one lesion from another, by processes of morbid physiology, strained nerve tone, or latent bacterial irritation.

The history of medicine is altogether too largely the history of treatment. Too much attention has been given to the therapeutic side and much too little to causes.

*Read before the Bergen County Medical Society December 13, 1910.

To progress in the medical art the practitioner should turn his mind more constantly to the cause, and, in looking for the origin of disease conditions, or, better speaking, disease processes, the many factors entering into the etiology should be comprehended before any type of treatment should be instituted.

The great advance that medicine has made within the last score of years was rendered possible by the marked increase in the plasticity of the medical mind. There are those of us who can recollect the fierce controversies not further back than the 80s, which were so long in being satisfactorily settled. Pasteur's researches disproving "spontaneous generation" excited the scientific world to its foundation. Lister's antiseptic treatment of wounds created an antagonism which even led to its being compared to homeopathy, as an exclusive dogma. So with other great discoveries which have materially altered the attitude of the medical mind. So much better educated is the physician of to-day, so much more accustomed to think than to believe; that we now have given us from the laboratory and the clinic ideas just as revolutionary yet which do not create a reactive animus, but are accepted as good working bases for investigations and practice.

Perhaps there is no truth recently evolved which has been so kindly accepted by the active practitioner as that we have no longer to deal entirely with terminal pathology, but with a pathologic process and living pathology, so beautifully demonstrated by the condition to be studied in this paper. A perfect understanding of living pathology and an accurate interpretation of its symptomatology are to be obtained only by a knowledge of all that exists in and pertains to the region affected.

On account of the very apparent discrepancy in the size of the appendix as compared to the cecum, the minds of anatomists have been so impressed as to give it a distinctive position and separate nomenclature. Embryologically, the cecum and the appendix are one. In fetal life it is but a funnel-shaped projection, yet a part of the cecum. Unlike most of the structures of the body, it has not finished its evolution, or, as some call it, its involution, at birth, but the same progresses as life extends. The reason for this may become more or less apparent as we study deeper into its genetics and physiology.

We can truthfully maintain that the appendix is a cecum of the cecum. Its point of origin is constant and may be found about an inch from the ileo-cecal orifice. Wherever the ileum enters the cecum, an inch from that point will be found the origin of the appendix. The proper terminology for this portion of the anatomy is the ceco-appendix. It is a mesial organ, laterally rotated. To all intents and purposes the appendix and the cecum have a common vascular supply. They are affected by the same nerves distributed from the same plexus. Histologically, we find the same coats common to both. The three longitudinal striæ of the cecum run down to its tip. The circular fibres also continue down, forming its greater mass. It contains in addition to the muscle layer considerable fine fibrous tissue. The inner circular muscle is about twice as thick as the external longitudinal. The proportion of muscle fibres varies with the individual, but in a normal person there is always sufficient to produce considerable contraction, as is evidenced to the surgeon on removing, when a four-inch appendix may be seen to contract one-half to three-fourths of an inch.

The most important point in its histology is the great accumulation of adenoid tissue. This tissue is found in abundance in three parts of the body—the tonsillar ring, the pyloric end of the stomach and the ceco-appendix. It is found elsewhere disseminated. In these several areas there is a constant migration of phagocyting leucocytes into the lumen and back again into this tissue. They are most active in the walls of the ceco-appendix, which is an indication of a greater need for such activity. This lymphoid tissue obeys the same law throughout the body. As we have greater atrophic absorption of the tonsil masses in the throat as age progresses, so we see its gradual disappearance from the cecum and the appendix, though it may exist in abundance as late as the 70s.

Although the appendix is morphologically a part of the cecum, its vascular supply comes directly from the region of the terminal portion of the ileum. Its mesentery is an extension of the mesentery of the last inch of the ileum. Frequently we also find the one non-vascular fold extending from the distal surface of the ileum at its junction with the cecum down on to the appendix, which is an important factor in some of the pathological sequences of ceco-appendicular lesions.

A morphological study of the appendix and cecum has been very thoroughly made

by some of our comparative anatomists, and, as we said at the beginning, to comprehend disease conditions requires a knowledge of evolution of disease, so it is equally important to know the evolution of the organ diseased. Animals, we are told, vary materially in the length and morphology of their intestinal apparatus. There is a direct and important connection between the customary diet of an animal and the size and shape of its cecum. Animals living on a largely vegetable diet, containing a considerable quantity of undigestible food, require a more elaborate digestive structure in the upper portion (as, for example, the numerous stomachs of the herbivora), and an equally large surface for absorption of the nutritive products of digestion in the cecal portion.

On the other side, in the carnivorous animals, whose diet is restricted to food with little refuse, we find a small cecum or an absence of same. This wise provision of Nature, so thoroughly regulating the structure of the intestinal tract to the customary diet of the animal, is also affected by the metabolic demands of the individual. Some rodents, the wombat, anthropoid apes and man live on a mixed diet, and they alone, and it is only in these few species that we have the peculiar type of cecum which the early anatomists first termed the cecum and its appendix, which is an erroneous nomenclature, however, for both are anatomically one organ.

It is interesting to note that of these few animals which possess a narrowed type of cecum, man is the only one living an artificial life, having changed his dietary since civilization began, from raw food to cooked, from a monotonous diet to a most varied one, gormandizing far beyond his needs on food and condiments of a liquid as well as a solid type, thereby traumatizing the entire intestinal tract from the stomach to the end of the large gut. There have been no cases of appendicitis discovered in the wombat, the rodent, or the anthropoid ape. In man alone, so far as dissections have shown, does this disease exist.

Among physiologists there is considerable dispute as to whether or not the appendix has any function. Certainly we have the right to believe, so far as present knowledge can point, there is no distinctive function and that the economy can be conserved without its presence. The same can be said of an equal length of any part of the intestinal tract, but every inch of the intestine has its part to do.

There is an antiperistaltic wave in the large gut from about the middle of the transverse colon down toward the cecum, helping to maintain in that part the presence of digested but not completely absorbed nutritive fluids, and, as the cecum is the buffer for contra-pressure, contracting upward against the mass content of the large gut and in this contraction steadying and tightening the ileo-cecal ring, it thereby inhibits regurgitation into the small gut.

If the histo-anatomy of an organ be an indication of its physiological function, then the excess of lymphoid tissue in the ceco-appendix should show its purpose.

Another physiological function, which it also possesses in common with the rest of the intestinal tract, is the secretion of mucus, Nature's lubricant of the tract, which, from its high tension, smears the epithelia and protects them from traumatism.

If we may judge by analogy, searching into the comparative anatomy and physiology of other animals and the changes in our demands upon the gastro-intestinal tract by marked alteration in our dietetics, we can perceive the reason why the ceco-appendix is in a condition of genetic instability. It is possibly attempting an evolution tending to the protection of an individual whose demands are excessive and unreasonable.

No more do we confine our physiological thoughts and investigations to regions, but, in studying the action of an organ consider its relations to other organs and the co-ordination of function or disturbance of function which may exist. The harmony of physiological inter-activities is sometimes demonstrated only when morbid processes occur in this region. A branch of the pneumogastric nerve runs down through the sympathetic to the cecum, as do also branches from the spinal system and numerous filaments from the sympathetic. We can but judge that this plentiful innervation must have some connection with the physiological demands of other organs thereby connected. This will be demonstrated more positively when we come to consider evolution of disease processes from a morbid physiology, through minor lesions to terminal ones of prominent import.

The continued antiperistaltic action of the large gut against the cecum, aided by the weight of a considerable quantity of fluid feces, with the contra-action of the cecum, tends (particularly if the mesentery of the cecum be lax or absent), as life progresses, to a ballooning out and pouching

between the lateral striæ of its coats, inducing a ptosis of this viscera into the pelvis. These pouches are more pronounced on the outer side, the close contiquity of the orifice of the appendix and ileo-cecal valve remaining fairly constant. If the terminal part of the ileum be not firmly attached by its mesentery, the axis of the cecum is swung toward the middle line, but the entrance of the ileum into the cecum is still direct and undisturbed. If the ileum remains firmly attached by its mesentery and particularly if the non-vascular web running from its distal portion down on to the ceco-appendix be firm, the descensus of the pouch will produce traction on the ileum with more or less of a kink occurring. Constipation, incomplete and even complete intestinal obstruction have been induced thereby.

Intermittent traction on the end of the ileum may induce an insufficiency of nerve tonus in the ileo-cecal valve, allowing of regurgitation of fluid feces through its lumen into the small intestine, and, as the small intestine is not prepared for the presence of same, not having acquired a natural immunity against the germs so commonly found in the large intestine, trouble ensues.

An over-distended pouched cecum may contain as much as a pound of fluid acrid feces of most poisonous content. Owing to its distension and consequent paresis there must be a residuum, which may be compared in a sense to a septic tank where there is an excess in the activity of the intestinal germs with putrefaction.

It is not to be wondered at that in human beings with perverted appetites, with food that is seasoned and made attractive, and liquors and conversation to prolong meals, that the intestine should be called upon far in excess of its ability to digest completely and that there should be poured into the large gut food not digested by the enzymes or bacteria of the upper tract, which undergoes fermentation and irritates to the extent of producing lesions in the ceco-appendix and lower part of the colon.

In spite of the activities of the lymphoid tissue here present, a limit will be reached beyond which it is unable to respond with normal function. In comparing as above, we have here, as in the tonsillar ring and pyloric end of the stomach, an evolution from normal activity to exaggerated activity, then into a condition similar to minor inflammatory reaction. The lymphoid tissue becomes injected, its resisting power diminishes, phagocytes carry germs into its tissues where they are not destroyed by the proper antibodies, and, the surface being traumatized, lead on to a superficial or so-called "catarrhal condition."

When the cecum is inflamed, the appendix will be. But the cecum is open and drains. The appendix, whether with or without the valve, may become contracted either by the swelling of the valve or of the intestinal wall at the point where the appendix enters—a condition of croup. This occurring, it cannot drain; the catarrhal condition in the cecum will subside; that in the appendix continues.

It seems from the work of the surgeon, as he operates on the milder cases, that "appendicitis," as we have known it from the time of Fritz who first described it distinctly, is a misnomer, if we are to think in true pathology. It should not be considered a strictly localized condition, but more properly the term "ceco-appendicitis" should be used, as the probability is that all cases of appendicitis originate in a previous cecitis.

At one time the opinion was held that ordinary changes in the arteries or thrombi of the smaller veins were responsible for this disease. We cannot hold to that at present. All types of appendicitis are primarily bacterial. The bacterial invasion comes through the mucosa, and, except in cases of volvulus or a kinking from trauma, such should be considered its pathogeny, and its origin be sought for in the cecum. According to the number and type of pathogenic bacteria, the resisting power of the lymphoid tissue, and the ability to constantly drain itself will be the extent and severity of the appendicular lesion, its duration and complications. Severe infection, mild resistance, croup and extending lymphangitis may rapidly lead to a severe inflammatory reaction with possibly local or general gangrene, and, particularly if scybalæ or fluid feces be present, a perforation; but, if the entrance to the appendix from the cecum be funicular, its mesentery extending to the tip, thus preventing volvulus, if the lymphoid tissue be abundant and possessing good physiological function, if the pathogenic germs be not virulent in excess of the protective powers of the mucosa, then we may have a condition analogous to and as safe as that discovered in the cecum proper, with restitution possible, complete or incomplete.

Repeated minor attacks of ceco-appendicitis may occur without any symptom recognizable to the individual. There may be

absence of local pain or distress and no lymphangitis sufficient to disturb the economy, but, if the life be unsanitary and the ceco-appendix traumatized continuously by an especially acrid, highly microbic fluid, then the catarrhal condition, or, to use a better term, the lymphangitis, may spread to the sub-mucosa, giving origin to a fibroid type of ceco-appendicitis which is characterized by an excess of fibrous tissue in the wall of the cecum and appendix, particularly noticeable toward the tip. This continued inflammatory reaction of the lymphoid tissue and deposits of fibrous tissue in the sub-mucosa and muscular layers may lead to an absorption of some or all of the lymphoid tissue, with partial or complete obliteration of the lumen of the appendix and thickening and stiffening of the cecal wall.

It has been claimed by physiologists that the appendix is an organ in retrogression. One of their arguments is its peculiar shape as compared with the cecum, associated with the fact that they are not able to explain its function. Neither had we been able to explain the function of the gall-bladder until within a few years. It, too, had been considered an organ in retrogression. Another argument brought up was the disappearance of lymphoid tissue, which surgical pathologists of to-day lay to repeated attacks of an inflammatory type. Sometimes with favorable conditions existing as to drainage of lumen and contractility of muscle, the lymphoid tisue will break down in one area, producing a septic ulcer, that may fail to heal—a pathologic process very analogous to the ulcers found in the pyloric end of the stomach, which are simply broken-down adenoid tissue. This septic ulcer may be the basis for absorption and transmigration of septic fluids and intestinal germs in continuous abundance.

Thus we see there are two types of the chronic and sub-chronic ceco-appendicitis, the more chronic type leading to destruction of lymphoid tissue, and formation of fibroid tissue with the disappearance of the musculature. In the other we have some hyperplasia of lymphoid tissue, formation of a septic ulcer, with but little change in the musculo-fibrous structure.

From these two types we have a distinctly different moving pathology, and, of course, a various symptomatology, and in neither do we necessarily have at any time the local signs and symptoms which for years have been regarded as the signs and symptoms of appendicitis. The proper prospective of these two lesions could never have been obtained post-mortem, nor could it ever have been obtained if our knowledge were to rest entirely on the observations of morphologists, but it has come to us through the repeated and careful investigations of the learned surgeon who in his operative work has not confined his attention and collaboration merely to the organ to which the symptoms complained of seemed to refer.

A fibroid appendix with a co-existing fibrosis of the cecal wall circumscribing adhesions inhibits the action of the latter in its efforts to sustain the column of liquid feces in the ascending colon, which becomes through its functional instability more pouched, more of a receptacle for the foul content, and more and more prone to hold a residuum, and, as it pouches, its direct traction on the ileo-cecal ring and its indirect traction on the ileum through the thickening of the ileo-cecal fold allow of a regurgitation, eventuating in regional ileitis.

The nerves in the contracting appendix, partly through an inflammation analogous to neuritis and partly through compression of their fibres, produce a reflex effect upon the intestinal tract, and, as irritation of the nerves inducing pain will interfere with the peristaltic waves, so will the compression of the nerve fibres in the appendix and traction on the splanchnics in the ceco-appendicular region interfere with the peristalsis of the large gut and induce constipation. This pathologic condition leads to the further production of end products of putrefaction and perverts intestinal absorption, so that the blood becomes surcharged with effete products and a condition of latent toxemia exists, sometimes called intestinal dyspepsia or auto-infection.

The nipping of nerves and the traction on mesenteries frequently are prominent causes of epigastric distress. The stomach owes its protection from disease in large part to the fact that its functions, secretory and motility, are so quickly affected if any other organ be diseased or disabled. It has been well termed the "mother" organ of the body, being the first to develop in the lowest forms of life as well as in embryo and thus, phylogenetically, the strongest. Appetite means gastric juice. Ceco-appendicitis irritation reflected up the pneumogastric inhibits the formation of this juice. Appetite ceases. If the individual obeys his instincts, he will not eat, or eat guardedly. This will largely diminish the morbid physiology of the intestinal tract.

Continued irritation of the nerves in the ceco-appendix will lead to a condition known as nervous dyspepsia: sense of discomfort in the epigastrium, sometimes slight nausea—never vomiting—gassy distension with eructations, a fickle appetite, sometimes disturbances after a careful meal, without any after a hearty one, sense of distress in the bowels, flatulence, toxemic headaches, mental annoyances, and lassitude. Stomach analyses will discover at times an excess of acid, at others, a deficiency, but, as a rule, the enzymes do not vary. This perversion of gastric functioning is associated with epigastric pain and tenderness with the tender point in a mesial line midway between the umbilicus and ensiform. Sixty per cent. or more of the supposed dyspepsias are peripheral in origin and the larger proportion of peripheral conditions inciting pseudo-dyspepsia have their origin in appendicitis.

A septic ulcer in an appendix may reach a similar terminal pathology by a different process. Instead of reflex effects through the nervous system we may through the blood have a steady shower of germs and toxins carried to the liver, which, in addition to the ordinary demands acting on it through the intestinal tract, tends to induce periods of hepatic inefficiency as to bacteriolysis and toxolysis, both constant and important functions of the liver.

From this inhibition we have germs and toxins entering the bile current. The visciation of the bile in a stagnant bladder leads to cholecystitis and may in time lead to the formation of gall-stones. The pouring of the toxic germ-laden bile into the duodenum is a sufficient cause for regional duodenitis with ulceration. Moynihan says that 80 per cent. of his duodenal ulcers are associated with some type of appendicitis. In the writer's own work he has found a larger per cent. of cases of cholecystitis associated with chronic appendicitis, generally of the septic ulcer type.

Normal bile is a fluid of very low tension and will spread through the intestinal tract as an oil spreads on water. One of the physiological purposes of the bile is to maintain a proper activity of the intestinal epithelia. In conditions of cholecystitis, associated perhaps with choledochitis, we have an unusual outpouring of mucus from the racemose glands. This will increase the tension of the bile and inhibit its tendency to spread through the intestinal canal, rendering one more liable to the absorption of pathogenic products.

The effect of a chronic ceco-appendicitis is sometimes shown in another type of pathology through fibrosis of the ceco-appendix and adhesions which may form in the neighborhood, thereby inhibiting the action of the cecum and interfering with that of the ileo-cecal valve. Retention of fluid feces with their decomposition and the flowing of pus and highly pathogenic germs into the lumen of the cecum from the diseased appendix may lead to a colitis. A defective condition of the bile, as mentioned above, interferes with its descent into the large gut. The presence of free bile in the large gut tends to liquify the mucus and allows it to mix very freely with the feces. Its absence leads to accumulation and with the colitis induced we may have, particularly if there be reflex disturbances from the pelvis, a symptom complex known as membranous colitis or mucous colitis.

The clinical symptoms of nervous dyspepsia are never the symptoms so characteristic of any type of gastritis or ulcer. In differential diagnosis between organic disease of the stomach and functional disturbances due to extraneous causes, physical examination is generally of considerable value. Perhaps no one sign is more helpful in the determination of the existence of chronic appendicitis than the presence of tenderness at Morris' point. We seldom find the sympathetic plexus a little below and to the right of the umbilicus tender on pressure in an acute appendicitis unless the acute process be supplanted on top of a chronic one. Most of our cases of acute appendicitis are, however, secondary to chronic. Tenderness on pressure at Monroe's point alongside the rectus, which is over the ileo-cecal valve, exists in a fair proportion of cases, but there is rarely any at McBurney's point. If the disease has lasted long enough to show its effect upon the colon, tenderness on palpation along its course may be elicited. If the pathologic process has worked through the blood stream to the bile current and gall-bladder and ducts, we may find a tender spot in that region. Almost invariably we have another point of tenderness in the mesial line above the umbilicus over the solar plexus.

RESUME.

The lessons to be learned from a study of this subject are:

First—That the body being a harmonious arrangement of organs, the functions in one cannot be disturbed without others being affected, for it may be set down as a law that an organ physiologically or ana-

tomically associated with another, will, when diseased, lead to some perversion of function or structure in the other; such is their genetic relation.

Second—That an appendix apparently healthy when examined microscopically, may prove to be badly diseased when examined macroscopically.

Third—That the appendix and cecum are one and have a common inflammation.

Fourth—Owing to peculiarities of structure the cecal portion may recover, the appendicular portion continuing the inflammatory process in a chronic type.

Fifth—According as is the nerve tone so will one type of appendicitis affect the large intestine or the gastric region or both, or, as is the functional ability of the liver maintained or inhibited, so will the excess of germs and toxins affect the bile ducts and upper duodenum.

Lastly—Stomach symptoms do not necessarily mean a diseased stomach. They are more apt to mean peripheral lesion, and it is wise for a diagnostician to suspect appendicitis as a causative factor.

PREVENTION OF PERITONITIS.*

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Of all the dangers that confront the abdominal surgeon, that of peritonitis is the most dreaded. It is the most frequent and most fatal of post-operative sequels. I am of the opinion that in a hundred fatalities following laparotomy, seventy-five would be due to this cause, and the rest divided among pulmonary complications, shock, hemorrhage, uræmia, exhaustion from prolonged suppuration and other less frequent causes.

How to avoid this serious result is one of the most pressing and important problems that confronts the operator and, though the subject is an old one, I need not apologize in bringing it before you for discussion at this time.

The peritoneum is a large serous sac, equal in area to the skin, closed in man but open in woman through the Fallopian tubes. It is loosely attached in some places and tight in others. It is covered with a single layer of endothelial cells, between which are openings which are in direct communication with the lymphatic system, emptying into the general circulation through the thoracic duct. These openings are largest and most numerous on the under surface of the diaphragm. There are a less number on the omemtum, fewer on the intestines, still less on the visceral peritoneum and almost none in the pelvic region.

This explains at once why the exaggerated Fowler position is of value after an operation in a septic case and throws light on the relative infrequency of peritonitis following pus tubes or ovarian abscess as compared with inflammations higher up in the abdomen.

The peritoneum is supplied by nerves from the sympathetic system and from the phrenic and vagus nerves. It is normally not very sensitive, but becomes acutely so when inflamed. The parietal peritoneum contains a great variety of sensitive nerves, but the vesical peritoneum covering the stomach, intestines, mesentery and gall bladder contains no nerves which are capable of giving sensations of pain, touch, heat or cold. This has often been verified by surgeons who have opened the abdomen under local anæsthesia. A knowledge of these facts should lead us to avoid pinching the parietal peritoneum in large bites with our clamps or using force with our retractors, because of the shock we are likely to induce.

The absorptive power of the healthy peritoneum is so great that it will take up from three to eight per cent. of the body weight of fluids in an hour, emptying them directly into the general circulation through the thoracic duct. Bacteria that may be present in this fluid are carried along with it. This fact has led Clark, of the University of Pennsylvania, and others to advocate filling the abdomen with salt solution after a septic case, hoping thereby to carry out of the cavity many of the bacteria, to have at once their fight with the leucocytes in the blood stream and leave a smaller number to battle with the peritoneum. Poisonous substances put into the peritoneal cavity are absorbed more quickly than from the intestines.

This absorptive power is delayed by a decrease in peristalsis and also by bacterial inflammation. The peritoneum also has great powers of transudation. Concentrated glycerine injected into the cavity may be diluted in an hour with a watery exudate of four to eight per cent. of the body weight. Again it may pour out a plastic or a fibrinous exudate. When we find the intestines covered with lymph it is but an

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evidence that nature is trying to limit the absorption of bacteria and their toxins into the system. It is not the peritonitis that kills, but the toxæmia, which the inflamed peritoneum is doing its best to limit, and when we come along in our superior wisdom and wipe off or tear off the protective lymph, we are but opening up numerous new avenues for infection and tearing down defences which nature was setting up for our protection.

As well break down the earthen breastworks in front of a defending army and leave them exposed to the gatling guns of the enemy. If we would study what nature does when danger threatens and then work with her and not against her, our mortality lists would be much lower not only in abdominal surgery but in all other lines of medicine and surgery as well.

The healthy peritoneum can take care of a certain quantity of pathogenic bacteria, but that same quantity will cause a suppurative peritonitis when the surface cells are injured and its power of absorption is thereby limited. This should teach us to exercise extreme care in handling the intestines, to avoid all roughness in the use of gauze or by the hands, not to pull and haul on them, use gentle sponging and at all times treat them with the greatest courtesy and respect. Incidentally, I may say that deaths from shock are produced directly by violent traction on the intestines and especially the mesentery. If you can't get at the part you are looking for without hard pulling enlarge the incision till you can.

I believe it is an insult to the peritoneum to use any antiseptics in the cavity. Fortunately, the use of strong solutions such as bi-chloride and carbolic has disappeared, though some surgeons still advocate douching the cavity with peroxide of hydrogen, but when recovery follows I believe it is in spite of its use and not because of it. It is a direct irritant to the sensitive serous membrane and renders it less capable of performing its functions than it was before.

We can do much to prevent peritonitis before the patient comes to the operating table. In a clean case, such as an interval appendicitis or an ovarian cyst, give a large dose of castor oil twenty-four hours before operation and an enema four hours before going on the table, and only small quantities of sterilized food the day before, such as boiled milk and broths. This insures having the bowels empty, making it mechanically much easier to operate than when they are ballooned with gas, and provides against the absorption of toxins from decomposing food stuffs afterward.

Fill up your patient with water the day before operation so as to stimulate the kidneys to free action, as their eliminative power is a great help toward successful recovery.

If, instead of a clean case, you have pus to deal with, never give a cathartic. This is one of the most common and most fatal errors into which we are likely to fall. Ochsner, who has written most forcibly on this subject, and from whom I quote freely, says that the giving of cathartics of any kind during acute gangrenous or perforative appendicitis at any time during the attack has undoubtedly destroyed more lives than surgery has saved in this disease. He claims a mortality in this class of cases of only two per cent. and his objection to the use of cathartics seems justified by his statistics.

The giving of cathartics when there is a pus formation in the abdomen undoubtedly causes a spreading peritonitis in many cases. Let us take a concrete illustration and study the conditions for a moment, and we will take appendicitis, as that is by far the commonest condition met with.

We will suppose the appendix has ruptured and the pus is walled in between the cæcum, the lateral and anterior abdominal walls, with relatively fixed supports on three sides, but weak on its inner aspect where the small intestines guard its exit. Nature is doing its best to circumscribe the abscess. The rectus is rigid, preventing motion in front.

The small intestines are ballooned up against the abscess covered with agglutinative lymph to strengthen the walls; the omentum with infinite pains has filled in the open spaces above and to the side; vomiting has occurred to empty the stomach and so prevent further peristalsis from food in the intestines; pain at every motion keeps the patient quiet. If the pus can be encysted it is likely to become sterile after awhile, and anyway general peritonitis will be avoided.

Suppose now we give a cathartic. We start up a violent peristalsis, the small intestine writhes and twists under this stimulation, protecting bands of lymph are torn asunder, the inner wall is broken down and the one-time encysted pus is shoved out over the intestines to be carried far and wide through the cavity. And it is not so much the amount of pus that does the damage as its diffusion. A pint of it shut in a

pocket is not as harmful as an ounce spread over the bowels. For in the former case the rapidly thickening walls around the abscess prevent a large absorption, but when spread out over a big surface no such protection is possible. A rapidly spreading peritonitis results and a grave condition is at once substituted for a relatively safe one.

As an illustration that there is no new thing under the sun, I want to quote from an old surgery printed in London in 1765, which belonged to some of my medical ancestors and which is now in my library. The author speaks of inflammation of the intestines as producing convulsions of the diaphragm and abdominal muscles, vomiting, painful inflations and sharp griping pains, and adds that when there is a burning pain in the abdomen with preternatural heat of the whole body, as also a quick pulse, loss of strength, anxiety and disquietude, the seat of the disease may justly be suspected of being in the intestine, and then he adds this wise remark: "It is a fatal error of some practitioners when they find the body obstinately costive to give one purge after another, which not only exasperates the disease, but renders it mortal."

We should draw also a useful deduction from the vomiting with which nature starts out when appendicitis has begun. Loss of appetite always follows this symptom, and if we will but take this lead and follow it we will save many lives. For if we persist in feeding under the notion that we must keep up the patient's strength we invariably set up peristalsis just as cathartics do, and with the same unfortunate results to our patient.

But food at this time not only increases peristalsis, but it ferments in the bowel, causes painful and troublesome distention, develops toxins that depress every vital function and sometimes so stretches and paralyzes the intestinal walls that bacteria go directly through and set up a peritonitis. on their own account, adding but fuel to the fire.

We may draw another lesson from the rigid rectus. That muscle tightens up to protect the pus cavity beneath it. We come along and vigorously palpate around McBurney's point, thinking thereby to make a more complete diagnosis or to watch the progress of the disease. Again we do just the wrong thing, for we break down the protecting walls about the pus, open the gates of the abdominal city and invite the invaders to come in.

I remember once hearing a celebrated surgeon tell of how he was asked in consultation on the fifth day in a case of appendicitis that was unfortunate enough to be able to command the presence of four attendants. There was pus, but it was walled in. He advised rest, gastric lavage, no food by the mouth and predicted a favorable outcome. The next evening he was called up by 'phone and told that the patient had been better till late that afternoon, when a chill had occurred, followed by fever and pain. He repeated his directions, only to receive a similar report the next night. He then found that each afternoon these four men got together and examined the patient, and each time punched her vigorously over the appendix, thus squeezing out some fresh pus ever time and setting up a new infection. He then ordered a poultice of antiphlogistine an inch thick to be placed over the whole abdomen and not to be removed for a moment night or day. Not that the antiphlogistine did any good, but it kept off the meddlesome hands and gave the woman a chance to recover.

If nausea and vomiting persist in these cases we should do gastric lavage after first cocainizing the throat, and repeat it as often as the symptoms recur. In every case then in which we fear peritonitis we should refrain from cathartics, refrain from palpating the mass, refrain from feeding, and we should give gastric lavage. It has been my own practice not even to give water by the mouth in severe cases, but to satisfy the thirst by saline enemata, to which may be added some liquid peptonoids, for the benefit of the family rather than of the patient.

What can we do at the time of operation to prevent peritonitis? One thing is to thoroughly disinfect the abdominal wall. Years ago I discarded the soap poultice as annoying to the patient and irritating to the skin and predisposing to stitch abscess. Laterly I have discarded even the scrubbing upon the table and, after a preliminary shaving, paint the abdomen with tincture of iodine freely, allow it to evaporate and then at once begin the operation. Results have been more satisfactory than by any other methods. I believe in wearing gloves if the hands are at all rough or if one is not sure of being able to render them aseptic. Handle the intestines and viscera as little as possible and in the gentlest way to avoid all abrasions. Above everything, do not pull on the bowels or mesentery. The practice of having one or more assistants put a hand into the cavity and explore should be condemned. It adds to the dan-

ger of both trauma and shock. I have also spoken against the practice of wiping off the lymph that may be found adherent to the inflamed organs. It is Nature's defence against bacterial invasion and we should let it alone. If you meet a circumscribed collection of pus sponge it out carefully and do not irrigate. Irrigation is almost sure to scatter the pus over healthy areas and lead to greater absorption of toxins and more likelihood of peritonitis.

The matter of drainage is a vexed one. We all know that in six or eight hours a drain pushed down between the intestines becomes surrounded with lymph and no longer drains the abdominal cavity but only the serous surfaces with which it comes in contact. In my own work, however, I have never been brave enough to do without a drain when there was a collection of pus to deal with, and I believe its use helps to shut off infection from the general peritoneal cavity. I refer, of course, to the cigarette drain.

The packing of large quantities of gauze into the cavity I believe is to be unqualifiedly condemned. Dr. Morris was the pioneer objector to this practice, and his forceful articles on taxidermy are familiar to you all. It is an insult to the peritoneum to crowd a foreign object of this nature against its sensitive coils and leave it there to excite pain and peristalsis and lead to fecal fistulas and dangerous adhesions.

When there is a general peritonitis I believe that Murphy's plan of quickly opening the abdomen, removing the pus focus, if it can be easily done, but making no prolonged efforts to do so, then introducing a small cigarette drain just long enough to go through the wall, gives the best results. This relieves pressure, secures drainage and lessens absorption and acts much in the same way as does opening a tense abscess anywhere on the surface of the body.

Much may also be done to prevent peritonitis after operation. The advantage of the upright position to drain the pus away from the open-mouthed lymphatics studding the under surface of the diaphragm has already been alluded to. Some surgeons go so far as to keep their pus cases in the Fowler position before operation and operate on them while in the same position, as well as to keep them sitting up afterward. We may not go to this extreme, but after being put to bed this method undoubtedly saves lives.

Another valuable, and in my judgment the most valuable, post-operative procedure to prevent the development of peritonitis is to give the patient enteroclysis according to Murphy's method. This consists of introducing a short tube four or five inches into the rectum and attaching it to a receptacle kept at a height of only six inches above the outlet. A pint and a half of normal salt solution is made to flow into the bowel every two hours, so slowly that forty-five minutes are taken for its introduction. The bowel usually does not resent this very slowly incoming fluid, which can be kept at body temperature by passing the rubber tube of the syringe through a basin of warm water. Any gas in the rectum rapidly finds its way through the tube against the moderate pressure of the saline. This water is quickly absorbed by the blood vessels and soon establishes a reverse current through the lymphatics. It comes out as a veritable shower bath over the intestines, flowing most freely from the larger openings on the under surface of the diaphragm, mechanically washing the pus from the upper and more dangerous areas and floating it down to lower and safer levels. In these cases another opening is always made through the abdominal wall just above the pubes and a drain put in, and through this outlet, as well as through the drain in the original incision, the pus is washed out on the dressings. This plan is beautiful both in theory and in practice and should always be resorted to in pus cases where peritonitis is feared. It is equally useful in those cases where general suppurative peritonitis has already taken place, quietly, yet thoroughly washing away the pus from the inflamed surfaces.

I am aware that this paper touches only partially and very imperfectly on this most important subject. Some phases of it have been purposely omitted, because the proper time limit of a paper rules them out. I have chosen the practical rather than the theoretical considerations involved, but trust that, in the discussion, the members will not restrict themselves to the limitations of the paper.

There is much less chance of a subsequent hernia if median abdominal sections are made not through the linea alba, where the aponeuroses are fused into a single layer, but a little to one side where there are three layers external to the transversalis fascia, viz., the anterior rectus sheath, the rectus and, except in the hypogastrium, the posterior rectus sheath.—Amer. Jour. of Surgery.

THE CARE OF FRACTURES.*

By WILLIAM H. LAWRENCE, JR., M. D.,
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The paucity of recent literature on the subject of the treatment of fractures would lead one to think that this important field had been neglected, or that improvements in the care of bone injuries had not kept pace with advances in other lines of surgical work.

However, information of the greatest importance has been developed by scattered observers, though there has certainly been no widespread effort to bring their results before the rank and file of the profession.

Investigation of the results obtained by those who make the fullest use of these recent discoveries should bring about radical changes in the ordinary methods of managing fractures, for they afford ample proof of the value of new methods and demonstrate that some of the methods in common use are even pernicious in their effects.

The importance of this subject must be apparent to every member of our profession, for there are few of us who cannot bring to mind results in our own management of these conditions which have caused our reputations to suffer and not a few have had to go through the disagreeable experience of a malpractice suit.

These injuries are soon to become of even greater importance. If we follow the foreign countries in the enactment of an employers' liability law—and it is only a question of time before this will be done—the results of injuries will then become of great interest to employers of labor and the public generally will be aroused to the possibility of securing prompter and better results in the ordinary traumatic injuries. Certainly there is room for improvement and we should need no further stimulus than the best interest of our patient to save them from crippled extremities and to enable them to return to work as soon as possible after an injury.

The ideal treatment of fractures can only be carried out by one who is thoroughly and practically familiar with the anatomy of the body, with the histology and pathology of bone repair; one who can have a clear mental picture not only of the fracture itself but of the soft parts in its vicinity and who can, from experience, foresee the various disturbances of function that are apt to follow each individual fracture. Also he must have at his command some expensive apparatus and he must be in a position to give up considerable time in attending to the details of the treatment of each case.

While, in other words, it is best for the patient suffering from fracture to be under the care of not only a surgeon but of a surgeon who gives a large part of his time to this special line of work, still the far greater number of cases must, of necessity, be treated by the general practitioner. Fortunately, by following certain well-defined principles of treatment, the large majority of cases are followed by almost perfect results.

However, there are entirely too many crooked extremities, stiff joints and weak and painful limbs seen as the result of injuries of which it must always be remembered that the fracture is but the most striking part.

In view of the fact that, with expert care, there need be practically never any deformity and rarely indeed any great loss of function, it becomes the duty of the family physician to recognize those fractures in which the results are apt to be disastrous and to call in the surgeon at the earliest possible moment.

In all non-fatal injuries there are three important considerations toward which the treatment should be directed:

1. Insuring the most complete ultimate function. 2. Prevention of deformity.
3. The least possible absence from daily duties.

So, in the case of fractures, it should be our object to get the patients back to their work in the shortest possible time and with a strong, freely moving limb without deformity.

Without regard to individual fractures we will consider in a general way some details applicable to all, and more especially the newer, ideas in treatment or those that have undergone change in recent years. Not that any of these points will be new to you, but their mention will, I hope, bring out a full discussion which is the only excuse for writing this paper.

The treatment of fractures can be well divided into three stages:

1. The immediate attention.
2. The complete reduction and immobilization and care up to the beginning of passive motion.
3. From the first passive motion until the patient is discharged.

*Read before the Union County Medical Society, July 13, 1910.

Each of these stages has its own important details which must be carried out even at the expense of much time.

The immediate attention.—It seems of importance to emphasize this first stage, as it is too often entirely ignored.

The patient meets with his accident on the highway or at his work. In the majority of cases the doctor is called before the patient has been moved or he has only been taken a short distance.

Of course, it is impracticable to undertake the permanent dressing under these conditions, but it should be an ironclad rule that no person who has met with a serious accident should be moved until he has been examined, and if he is found to be suffering from a fracture, the fragments must be immobilized on the spot.

It is often dangerous to life and limb to carry the sufferer to a place where it is more convenient to apply splints, not to speak of the unnecessary sufferings which it entails. It is hardly necessary to call attention to the fact that there is no spot on earth where there is not something right at hand that can be made to serve as splint material temporarily.

After such an injury the bony framework no longer supports the limb and the sharp fragments are a constant menace to the surrounding soft parts. The irritation of these fragments keeps up a constant stimulation to the muscles which results in spasmodic contractions and these contractions serve to increase the irritation, thus setting up a vicious cycle. The conditions are often precarious, vessels or nerves previously intact may be torn or a closed fracture converted into an open one.

The dangers are twofold, partly from the lifting or moving the patient without artificial support and partly from the vicious cycle which has been instituted. While the former danger can be reduced to a minimum by great care in handling the patient the other must continue to exist until some splint is applied. This can be done without pain and without shock. Only a slight traction is indicated and the application of some apparatus which will immobilize the joint above and the joint below the break and permit of a snug bandage over the seat of fracture. This latter point is important, for it is surprising how a little steady pressure over the jumping muscles will serve to quiet them.

If the fracture is compound no attempt should be made to change the position of the fragments, nor should any effort be made to cleanse the wound. All compound fractures should be operated on at the earliest possible moment and under the most aseptic conditions. All efforts to cleanse the wound in an emergency only adds to the danger of infection. The wound should be simply covered with a sterile dressing and after immobilization the patient should be hurried to a hospital.

In Ashurst's System of Surgery, 1884, he says: "Immediately succeeding the infliction of an injury there is set up an inflammatory condition which gradually subsides and then the work of repair begins, perhaps in the majority of cases early in the second week." With our present knowledge of the pathology of fractures we must look upon all changes (barring infection) that take place following fracture as reparative in nature and we should get the parts in the correct position at the earliest possible moment that they may get the full benefit of these early changes.

The complete reduction and immobilization and care up to the beginning of passive motion.—The patient has been moved to the convenient place for this second stage in treatment. At this time an accurate anatomical account of the injury should be taken. Not only should the character and mechanics of the fracture become entirely clear, but a careful investigation of all the soft parts involved in the injury should be made.

The pulse should be felt below the break, the integrity of the important nerve trunks that could possibly have been injured should be looked for and the adjacent joint should be examined for strain and careful note made of torn ligaments. If there is an X-ray apparatus in the vicinity this is by all means the proper time and method to do this work. In fact all of the details of this second stage in the treatment of fractures should be under the guidance of this greatest of protectors to our reputations and against malpractice suits.

The fluoroscope is of value during the reduction of the fracture, but it is most desirable to have radiographs taken before and after the treatment of each case. Not only does this greatly increase our knowledge, but we need then have little fear of any action for unsatisfactory results.

In emphasizing the importance of the X-ray in the proper treatment of fractures it must be remembered that the correct interpretation of X-ray findings is often difficult. Of course, the exposures should be made in at least two diameters of the limb

and a careful consideration given to the mechanics of the photographic work. If the picture is taken by one other than the surgeon, it is important that he at least be present, that he may accurately know the direction of the penetrating rays.

There need be no delay, as the negatives can be developed in ten minutes while the immobilizing materials are gotten together. Trusting to the fluoroscope alone is a great mistake. The routine use of the X-ray is the corner-stone in the modern treatment of fractures.

The next step is the accurate reduction of the fragments. From a study of many hundreds of plates I cannot but feel that this is frequently a failure, even in the hands of good men. The fragments can be accurately reduced in practically every case if sufficient effort is made, and in the few cases where this is impossible we have an indication with few exceptions for open operation. If the fragments are accurately reduced there are few instances where there is any difficulty in holding them.

It practically always happens that the fragments are serrated. Commonly the ends of the fractured bones are jagged with tooth-like projections. While the exact co-aptation may be a difficult procedure, it it generally possible, and then these very conditions help to prevent the reproduction of the displacement.

In the open treatment I have rarely found it necessary to fasten the fragments together. Simple reduction has been sufficient and I do not see why this should not be the same in the case of the closed variety. In some instances this can be accomplished without an anæsthetic. By using the fluoroscope during the effort and with assistants making traction on the long axis of the limb, it is possible to manipulate the fragments together without causing much pain. It is surprising with what little suffering this can frequently be accomplished, as the traction causes no pain and very little crowding back and forth is necessary when we can see just what we are doing.

In my experience the sudden pulling of the part and snapping the bone ends together, while giving a feeling of satisfaction to the operator, the X-ray does not approve of the result and it seems at best a sort of hit-or-miss plan.

In the majority of cases, because of pain, muscular spasm or impaction, an anæsthetic is necessary. When an anæsthetic is given we must carry the anæsthesia to the deep surgical degree. Unconsciousness does not mean complete muscular relaxation, and slight degrees of narcosis are of no advantage in the reduction of fractures. With the patient fully anæsthetized we can feel the broken bone ends through the relaxed muscles and the continued use of the X-ray is no longer necessary, but it should be invariably taken up for a first look before the splints are applied.

If the case proves difficult of reduction by means of traction and manipulation, I have frequently found it easy to accomplish by what may be called angulation of the fragments. It is surprising to me that this method has never been seen in the literature. We have been so long taught to pull and manipulate a fracture extremity that we have been blinded to the mechanical principles involved. In fact I am sure that pulling is the surest possible means of preventing reduction in a great many cases. Under all circumstances it must be borne in mind that the fragments can only be restored by reversing the process of their displacement. They should go back the same way that they came into their false position.

I have been studying this principle for several years. It has frequently been a great help to me when traction and manipulation have entirely failed. I have proved its efficacy in some very difficult fractures, notably those in which both bones are broken in the forearm and leg. I think that this is the first time that this method has been described, for I can find no mention of it in the literature, though my search was not exhaustive. It consists of gently forcing the fragments back along the line of the original force and bending the part on itself when the fragments can be made to engage, when suddenly straightening the limb overcomes all contraction of the soft parts and the bones remain in apposition. It is the same principle that we use in closing two doors that should come together when working properly. If one is out of alignment, when one is closed the other will not push by and close. If we open both doors and close them—both at the same time—we can easily force them together.

It is not only the overriding that we must aim to correct. More important than shortening is the angular or rotary displacement. Even a slight amount of angular or rotary displacement may in the upper extremity interfere seriously with the complicated movements upon which the free use of the

hand depends, or in the lower extremity may give rise to awkward lameness.

Fractures about joints need not be so greatly feared if one can accurately understand and reduce them. The true ankylosis after these accidents is not common. Generally the limitation of motion is the result of extra-articular changes.

Callous does not form in the joint and form a mechanical obstacle to motion. For, owing to the absence of periosteum, callous is not thrown out at the portion of the fracture corresponding to the joint, and if the fragments can be kept in apposition there will be no such bulging of new material as exists around the fracture elsewhere.

On this first complete and accurate reduction largely depends the outcome of the case, and we should not begin the application of retentive apparatus until we are fully satisfied that reduction is perfect. With regard to the immobilization. Shall it be with continued extension as is advised by some writers for a number of different fractures? There is only one fracture in which I believe that traction is indicated, and that is in those of the upper end of the femur. However, we must immobilize the seat of fracture, and, more important, the joint above and the joint below must be placed absolutely at rest. It is impossible to keep the break quiet if this point is neglected.

The demands of the modern treatment of fractures does away with all but the simplest form of splints. The best results can be obtained with the simplest means applied with such dexterity as every surgeon ought to have, with a clear idea of the object in view and watched with conscientious care. Any form of splinting material may be used that is firm enough and that can be properly fitted. Plaster of paris most often fulfills these conditions.

A word as to the application of the splints. They must be well padded over bony prominences and they must be only snugly applied. Tight bandaging is a frequent fault and is productive of serious harm. Too firm bandages, aside from interference with the circulation, produces anæmia of the muscles, which may be followed by degeneration and atrophy and sometimes by a fibrous inflammation from which the muscle never recovers. With this so-called ischæmic paralysis the muscles become small, stiff and weak and the foot or hand may become contracted and twisted much as in cases of paralysis from lesions of the central nervous system.

Immobilization does not mean that the limb must be so tightly bound that not the slightest motion can occur. Absolute immobilization in the treatment of fractures is unnecessary and unwise. It delays union because it interferes with the proper circulation so necessary for the formation of new bone tissue. Where there is a slight motion in the break, providing the fragments stay in apposition, healing is much more rapid. It has not been sufficiently emphasized that the most important matter after correct approximation is a good free circulation.

After the fixation apparatus has been applied more watching than treatment is required for the next week. At least once a day the patient should be seen and the dressings inspected. We must especially examine the toes or fingers to see that the circulation is not being interfered with. At the end of a week all the dressings should be removed and a fluoroscopic examination made to see that all is well. If we wait later than this the readjustment of any possible disturbance of the fragments becomes a difficult procedure. If we are assured that there is still perfect apposition the apparatus is applied as before. This should be repeated at the end of the second week, which time should mark the beginning of the third stage in treatment.

While massage and passive motion can be started earlier in some cases, it is imperative not to wait longer than this in practically all cases. We cannot accept the advice of those who believe in the use of massage from the first day of the accident. This might be safe in the hands of an expert, but certainly carries with it some considerable danger of disarranging the parts.

After the second week the dressings should be removed daily, the parts massaged, graduated passive motion given and carefully regulated voluntary exercise of the muscles encouraged. This means a great saving of time to the patient, for if this is done we can expect by the time that bony union is strong, the muscles and joints will be in a condition for immediate use. Also it may be the means of preventing muscle atrophy and contractures around joints to which prolonged fixation so strongly predisposes. It is unfortunate that the old methods of prolonged fixation and infrequent dressings are still so largely adhered to.

This massage and passive motion should be done by the surgeon himself with an assistant to hold the fragments at rest during

the manipulations. The limb should be first washed clean and the skin gently rubbed with alcohol, then by using cocoa butter on the hands the deeper parts should be kneaded, the degree of force to be used depending on the judgment of the operator, and is slight at first where there is a tendency to displacement and more vigorous as the days go by. Each day we should increase the range of passive motion and the patient should be encouraged to exercise the muscles voluntarily. This method of treatment unquestionably hastens union, and when the bony union is firm the joints are supple, the muscles not atrophied and the function of the limb almost as good as before the injury.

After the older methods of treatment there was always a period after the fracture had healed and the splints been removed during which the function of the limb was impaired and in many cases there was permanent limitation of motion.

When should the splints be removed and the patient discharged? I have adopted the scheme of watching for firm bony union by testing the integrity of the limb from time to time without regard to the time it has been immobilized. When there is a feeling of firmness in the break I take off all splints during the day and apply them at night for a week or ten days. There is no danger of strain on the union while the patient is conscious, but the limb might possibly be rolled on during sleep and it is well to guard against this.

If there are indications of delayed union the massage must be more vigorous; the patient encouraged to get about more and thyroid extract administered. The production of artificial hyperæmia by the method of Bier has proved of service. If in spite of this treatment the union still fails, we must look for some internal dyscrasia and anti-syphilitic remedies are generally indicated.

To sum up and emphasize: The necessity of an exact anatomical diagnosis; the absolute reduction; immobilization of the joint above and below the break; not bandaged too tightly; confirmation of the corrected position by the X-ray; constant supervision to prevent secondary deformities; frequent dressings to allow of massage; passive motion and voluntary movement; introduction of the ambulatory treatments as soon as possible; the early recognition of delayed union and the introduction of more radical measures to stimulate development of osseous tissue in the callous.

INTUSSUSCEPTION.*

By THOMAS W. HARVEY, M. D.,
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Two recent cases of intussusception have points of interest which I wish to present.

First—Infant, eight months old. This child has always had a delicate digestion. One morning she had some indigestion as shown by the stools, and the mother administered castor oil, which caused several stools in the afternoon. About 7 P. M. the child began to cry very hard and vomited. I saw her at 8; she was evidently suffering severe pain, but the abdomen was so hard that nothing could be felt by palpation. The child at 10 o'clock was still suffering much pain and had passed a stool of bloody mucus. The finger in the rectum could not reach any tumor. The child continued to suffer pain, but at 12 o'clock it was paroxysmal, and it was possible to examine the abdomen between paroxysms. A tumor could be felt to the left and above the umbilicus, a bloody stool again was passed, after which a tumor could be felt in the rectum.

At 2 A. M. a laparotomy was made through the left rectus, a two-inch incision. The tumor was brought to the surface, the intussuscepted part was pushed from below and gradually but successfully delivered, the ileum from the cæcum. No injury was done to the bowel, the ileum just above the ileo-cæcal valve was stitched to the parietal peritoneum and the wound closed. There was a slight delay in healing of the skin, but the child made an uneventful recovery.

The second was a child three years old who was brought into the hospital with the history of intestinal obstruction lasting several days. There was no certain history of bloody stools, there was very little distention of the abdomen, but a sensitive tumor could be felt in the left hypochondrium. Nothing could be felt by the rectum. After anæsthetization the tumor could no longer be felt. An incision was made to the right of the right rectus muscle and the cæcum was brought to the surface; the cæcum presented evidence of inflammation and the appendix was swollen and erect. Just above the ileo-cæcal valve the ileum was found to be very much thickened, forming a tumor three inches in length and an inch in diameter, dark red, solid and boggy to the touch. Gas could

*Read before the Orange Practitioners' Soeiety.

not be pushed through this swollen part of the ileum; the bowel was thereupon opened, the mucosa was found very greatly thickened and inflamed and in many places gangrenous, several pieces coming away. The patency of the gut having been determined, it was closed by a double row of sutures, the appendix removed and the abdomen closed. Rapid recovery ensued.

The condition was one probably of a very short intussusception with strangulation of the part; the anæsthetic relieved the strangulation and allowed the ileum to slip out of the cæcum. The inflammation of the appendix was probably incidental to the strangulation of the ileum, but it was removed because of its bad condition.

These two cases represent two classes, the acute and the sub-acute. In the first case a large amount of gut was involved; fully one-half of the cæcum was inverted and two or three feet of the ileum. In the second only two or three inches of the ileum were involved. The first presented the typical symptom complex, pain, constipation, bloody stools, sausage-shaped tumor in the abdomen and ring tumor with central opening in the rectum.

The second had little pain, no bloody stools, no tumor in rectum, but did have intestinal obstruction and the abdominal tumor. It was the shape of the tumor that suggested the diagnosis. In the first case only an early operation would have been of any use, but in the second case the child had symptoms for three days before operation.

Intussusception is certainly a disease that always indicates surgical interference. There is no doubt that an operation made within the first twelve hours is infinitely less dangerous to the infant than any of the methods of dilatation with gas or water.

The cause of intussusception is anything that will induce irregularities in the rhythm of peristalsis; an obstruction in the bowels due to tumor, enterolith, insufficiency or perversion of the nervous control of the intestinal muscle, possibly unhealthy conditions of the intestinal mucosa. This condition we see in delicate infants who are subject to indigestion or gastro-enteritis.

The pathological condition is simply an invagination of the bowel, one part slipping within the other, the process having once begun continuing until stopped by the swelling and the strangulation that is soon induced; inflammatory exudation follows, and the involved layers of gut are soon bound together by lymph. Strangulation if complete is followed by sloughing, and cases have been reported where a part of the intestine involved has sloughed and been discharged per anum.

In the first case mentioned, while a large invagination had taken place there was no strangulation or sloughing; the operation was made early enough to anticipate such an event. In the second case sloughing of the mucosa had taken place and a general inflammation of the appendix which was also invaginated. The gut was so inflamed and swollen that it was thought best to open it and determine its patency. This was done and it was then discovered that the mucosa was gangrenous in spots. The opening of the bowel and the excision of the appendix did not retard the child's recovery.

The symptoms of intussusception are fairly well illustrated by the history of these two cases. Many children will be brought to you with the story that they have symptoms of dysentery, the mother will say that the child is continually straining to have a stool and that it passes blood, and questions will bring out the fact that it passes nothing but blood. The child will cry with pain and wants to go to stool. Vomiting is usually present but not constantly, a tumor is always present, but may not be found by palpation, particularly when the abdomen is tense from crying, and in small infants this has caused some cases to be overlooked in the early stages of the disease. The tumor is characteristic in shape when conditions are favorable for palpation. The finger in the rectum will often enable one to use bimanual palpation with advantage, and will often demonstrate the presence of the peculiar ring-like tumor caused by the invaginated bowel pushing down toward the anus. This was appreciated in the first case, but was not present in the second, and is an evidence of the passage of the ileum well down into the lower part of the colon.

I do not believe that there is any treatment so good as a laparotomy in these cases, and of my own volition I would never try any of the injection methods, and yet I have never seen a case in consultation but that such treatment has been urged and often has been used, and I have used it but never seen any good from the procedure; or the contrary, I believe that it is a most dangerous procedure, and that time wasted in such endeavors acts as a very serious handicap. An early laparotomy should be made, the invaginated bowel should be pushed out from below, never pulled; when

free, all injuries to the gut should be repaired and a portion of the bowel near the lesion should be stitched to the abdominal wall. When it is impossible to reduce the bowel it may be resected at this point. This condition indicates that the laparotomy has been too late, too much time has been wasted in half-way measures, and resection is often a failure, not because of the procedure itself, but because it is done on a bowel in a bad condition, on a subject unfitted for further traumatism. An early operation is the only sure way to save life, and the percentage of cures is very good when made during the most favorable time. The more acute the symptoms the earlier should be the interference.

As this is a condition that comes to children of all ages and also to adults; as it is one that effects all conditions of mankind, it is one that is likely to be met by any general practitioner and he should always be on the watch for it in cases of obstinate constipation, as even in cases where absolute stoppage may not come on very rapidly, one may at times be misled by the mildness of the symptoms. I have a case in point. An Italian child seven months old was brought into the hospital with the history of three days' intestinal obstruction, pain, vomiting and bloody stools; an abdominal tumor could be felt. The child seemed to be quite comfortable, there was little distention of the abdomen, no crying or vomiting after admission to the ward, a ring could be felt far up in the rectum. The abdomen was opened, a long intussusception was reduced as in the first case, the cæcum stitched to the abdominal wall. In four hours after operation the child was nursing and had passed a normal stool.

The differential diagnosis is of great importance. This condition may be confused with any form of obstruction of the bowels and any form of colic. The progress of the disease may be very slow and misleading, obstruction is often not complete; there also are chronic relapsing cases, that is, a child will have symptoms of partial obstruction of the bowels with pain and vomiting, and even a bloody stool; the symptoms will suddenly cease and recur with more severe symptoms which may be fatal or be relieved by operation. Such a case was a female child of seven months, admitted to the hospital, February 3, 1910. For the last six weeks she had had occasional attacks of pain, vomiting and purging and bloody stools. These attacks would last for three days and then she would be better for a short time. The present attack had lasted five days. She vomited every time she nursed and passed dark, watery stools, with mucus and blood. The finger in the rectum could feel a ring tumor high up. The abdomen was opened and an intussusception of the transverse into the descending colon was found. It was easily reduced, but at the point of invagination a band of new adhesions bound the cæcum to the omentum. This had to be dissected off before the gut could be entirely freed. The child died the next day.

Difficult cases to recognize must be those that are reported where partial obstruction has continued several days or even weeks, strangulation has not taken place and the symptoms have progressed very slowly until they have merged into a general peritonitis. These cases have been recognized post-mortem.

Many cases have been treated as cases of gastro-enteritis or a dysentery for several days and valuable time lost. It is probable that the intussusception is often a result of such diseases and does not exist at the beginning of the attack, but results as a secondary condition due to the local paralysis of the bowel caused by the inflammation. I have often found an inflamed appendix in such cases, and, as it is frequently involved in the intussusception, have queried if it could have had a causative relation to the lesion. It might very readily have been the cause in the second case mentioned. The practical point is that in all these cases of intestinal obstruction when due to any cause other than fecal impaction, and often even in such cases, an early exploratory laparotomy is perfectly justifiable; in the median line when the tumor or point of obstruction has not been made out, and over the tumor when possible. Inspection will divulge the character of the obstruction and the proper procedure may then be instituted, always remembering that obstinate constipation is not necessarily due to a mechanical obstruction, and the surgeon must satisfy himself whether some mechanical obstruction exists. It is obvious that in all cases of mechanical obstruction, laxative and cathartic medicines are contra-indicated and can only do harm. On the other hand, washing out of the stomach and rectum are very useful.

The history of the first two cases cited covers very nearly the history of the majority of cases that one will meet. The treatment in these cases is what should be

done in all cases, prompt and early laparotomy.

A NEW TECHNIQUE IN THE USE OF FORCEPS.*

By Merrill A. Swiney, M. D.,
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I will describe what I believe to be a new technique in the use of forceps.

Where there is no engagement in vertex presentations, the writer is an ardent advocate of the Walcher position, and for those who are possibly not familiar with it, I have hung an illustration over here. I have seen women deliver themselves spontaneously in this position with three or four pains, when they had been in hard labor for hours without engagement. I have, however, seen it fail when the pains were poor, or when the disproportion was greater between the head and the brim than that gained by this position. And then the question arises, "What shall we do?" In the best obstetric works the indication given is version or high forceps. Both have a high mortality for the infant and are to be classed as major obstetric operations.

Having had several cases in which the Walcher position failed, ether was given, and as soon as the uterine muscle relaxed I found that the head no longer presented at the brim, but fell to one side or the other, making the application of forceps difficult. It was necessary to have an assistant push the head toward the mid line and into the brim. The forceps were applied and often the head grasped in poor position. The head was pulled through the canal by main force, the engagement frequently being anything but normal. The mortality to the child was very large—over 50 per cent. If version was chosen the operation was often difficult and the mortality correspondingly high. I am not going to say that those operations are poor, for they are far from it; they have served us well in the past and will continue to do so for a long time to come. However, the thought occurred to me that if the head had been forced into the canal by Nature's method the delivery would have been easier. The Walcher position gives an increase in the antero-posterior diameter of one centimeter. Consequently, a patient in this position presents the largest inlet, and when she has a pain the head is forced against the brim in presumably the best position to go through. If the forceps were on the head in this position and at this time it would take less force to make the delivery, because we would have these three conditions present:

First—The largest possible brim.

Second—The head in the best position.

Third—The forceps on the head as tractors.

Accordingly, March 19th last, the writer had the opportunity of putting this idea into practice.

A patient twenty-one years of age was delivered fourteen months previously of a dead child by very difficult high forceps operation, by two very competent physicians. I saw her at two o'clock A. M. Had had small pains since nine P. M. the day before. The os was fully dilated, the vertex was presenting in an L. O. A. position. There was no engagement; she had a simple flat pelvis, with a diagnoal conjugate of eleven and one-half centimeters; feeble pains every ten minutes.

I saw her again at seven A. M. Still no engagement; small pains more frequently. Between each pain the head would fall to one side of the inlet; the membranes were ruptured in order to increase the pains. They became slightly stronger.

At eight o'clock, still no engagement; I put her in the Walcher position, but did not expect success, as I have never had engagement take place unless the pains were good. This case was no exception. The forceps were boiled and assistance sent for. (I use the long Simpson forceps with axis traction rods and a key to lock the handles.) After being catheterized I put on the forceps just at the beginning of a pain, no ether being given. The application was extremely easy. During the next pain the forceps were loosened that the natural forces might drive the head as far as possible into the inlet. Then, holding the head in that position, with the forceps, the ether was started. When she was sufficiently under the anæsthetic traction on the rods was made, and I was greatly surprised at the ease with which the head entered the canal. The delivery was completed with the patient in the usual lithotomy position.

I have used this method once since and have assisted two other physicians in one case each, making four altogether. All were as successful as my first case.

I should say that the indications for this technique are: Vertex presentations, or convertible vertex presentations with no en-

*Read before the Hudson County Medical Society, January 3, 1911.

gagement, where there is no great disparity between head and inlet.

It should not be tried until the os is fully dilated and sufficient time should always be given for Nature to do her best.

In using the Walcher position, the toes should not touch a chair or the floor during a pain.

An assistant must hold the patient by the shoulders to keep her on the table.

During the interval an assistant should hold up her legs, as it is more comfortable for the patient.

The principal points the writer wishes to emphasize are:

First—Walcher position.

Second—Forceps application at the beginning of a pain.

Third—Withholding the anæsthetic until the head is properly forced into the brim.

I wish to acknowledge the assistance given by Dr. Forman in my first case, and to thank both Dr. Forman and Dr Corwin for using this method and allowing me to report their cases.

CRITICISMS.*

AN APPEAL FOR INQUIRY BEYOND THE ISMS OF THE TIMES.

BY HENRY CHEVANNE, M. D.,
SALEM, N. J.

To offer an elucidation of his views of scientific research without foreword or preface of what he is to present, any writer or speaker is exposed to uncompromisable criticism or charge of plagiarism. Or, to to express one's self contrary to popular reasoning is to experience the truth of Abraham Lincoln's aphorism, "A universal feeling, whether well or ill, cannot safely be disregarded." And, apprehensive of this truth, we are chary of inferences regarding anything that is popular, for modern conditions of life are making moral cowards of us all; having as much fear of being alone as we did of ghosts in childhood. But, how much more satisfactory it is to face facts and try to read their meaning.

The writer—consciously—is not offering that which is to follow as the harvest of his own sowing, but rather as a few gleanings from the vast fields so frequently reaped during the centuries past, and expressing thought by right of precedence and free from fear of conventionalisms of the day: taking refuge with the expressed opinions of leaders of present-day intellectuality for whatever presumed quotations appear herein.

Listen! The author of this dissertation has no hope or expectation of winning any within hearing to his visionary flights, but perhaps there are those who have not yet stepped into the groove of conservatism that may be provoked to look beyond the *ipse dixit* of pedagogy, and the pleutonic phase of their profession, and see with J. G. Holland that "this world is a sepulchral of flowers, whose vitalizing mould, in boundless transmutation, towers in green and gold." Nor does the writer in these reflections charge anyone of incapability of intellectual decision or question the sense to call forth thought, but infers that we have become readers rather than thinkers, and that mental indolence and inactivity is encouraged by a verbose press and pedagogic pens. Mr. Lincoln once said that some speakers could take a horse chestnut for their topic and in conclusion convince their hearers that it was a chestnut horse. This leads the author to quote the naturalist Thureau. "We cannot see anything unless we are possessed of the ideality of it."

United States Attorney-General Wickersham, in his address to the Lehigh University class of 1910, said that science is weakest without classics: nor can any profession afford to ignore it. Perhaps he had in mind the story that a judge told of a class of forensic prospective, which follows. An applicant who was being pelted with questions from Blackstone, Kent and other famous legal luminaries, said: "I didn't study these fellows; I studied the statutes of this State, and studied hard. Ask me questions about them and I will show you that is where I got my legal knowledge." "My young friend," said the astute old judge on the examining board, "you had better be very careful, for some day the State Legislature may meet and repeal everything you know," and it is even so with the profession of medicine as with law.

This is an age of specialties and each year finds greater tendencies that way. Seemingly, as a means of concentrating efforts to penetrate the veil that obscures the supernatural. And were it not for the experience and self-confidence of the old practitioner in the presence of these assertive and progressive forms of probabilities and

*Read before the Camden County Medical Society, December 11, 1910.

hypotheses of to-day school, they would be relegated to the state of United States vice-presidents. We, like the children of Hamalin, follow the chemico-physicists, piping their theories of protozoology, biology, and other special and abstract sciences, while the charlatans are elbowing us to point of irritation. Instead of concentrating inquiry on what is present pathologically, why not look for what is absent of the best gifts of the gods—Hygieia.

Though a quarter of a century has passed since Tyndall and Cohn set at rest the question as to the fact that all life comes from life, against Needham's theory of spontaneous generation, we are yet a prey to the omnipresent germ of so many infectious diseases, nor is there offered any comforting explanation for the escape from contagion which so many inhabiting unsanitary districts enjoy; except the abstruse information that they are immune. And all that pertains to life and disease continues as a postulation framed into so many —Because, to question this criticism it is not necessary to cage an eagle to learn if it would live for a century, for it is questionable whether any system of education at the present day can be deemed approximately complete in which the knowledge of nature is neglected. The greatest practical triumphs have been episodes in the search for pure natural truths that are older than classics.

The microscope, spectroscope, test-tube, thermometer, are some of the devices men have invented to extend and amplify the surer sense of the true scientist. Experiments are questions put to Nature, nor is she responsible if her answers are misunderstood. The reason there is no hope of mutuality with the different schools of medicine is the inability of man to recognize facts as they present and the difference in their philosophical conceptions.

Everything in the world has its genesis in matter; and admitting that biology is an exact science and that electrons, ions, atoms, molecules, corpuscles, are the elements of chemistry and are the physico, chemical and ultimate explanation of matter; the phenomenal transmutation of inorganic into organic matter continues to be an unrevealed divine attribute; and according to the observation of biologists the red corpuscle in the human embryo appear as nucleated cells, possessing amoeboid movement similar to all rapid developing organisms—protoplasm.

Protozoology, a new branch of the scientific study of primal organism, is adding perplexity to the problem as to what relation have these animal natures to human life. Natural scientists and biologists are experimenting with protoplasm—or bioplasm, as you please—for in it they see mentally by microscopic agency *vis viva,* and observe that amœboids, germs, mosquitoes, flies, plants, animal, man, all life, depend on protein matter.

Albumen, blood, bile, protoplasm, chlorophyl, all depend on protein principals for their life-imparting properties. These principals are C. H. N. O.—P. S. And when we learn to control these forces that control such heterogenous changes as applied to catabolism; "in example," maintaining the form and property of the above mentioned compounds essentially unchanged; immunity will be attained and disease will be a terror of the past.

In the opinion of the author, chemistry is the eldorado where may be found the secret of immunity of man from disease; however, the greater per cent. of inquiry by chemical test now proceeding, is the presumed cause, and possible cure of disease. And O is the capital essential element in discussion as though calorics were the essence of life and health.

Listen! Man will drown if immersed in pure N, will he live if treated the same in pure O? Is it the O or N that keeps the blood stable? When the body temperature rises above the normal, the M. D. looks for an elemental principal in the excretion of the sick one. Is it N or O or the components C H P S, which? The eliminants pathologic are nitrogenous; discontinue the less of N and the ill is abated. Eliminate N from the compounds above noted and death is imminent.

The omnipresent (?) disease-conveying germ, and the invading theory notwithstanding, debility invited invasion and an abnormal condition permits their inroad. In qualification of this inference your attention is called to the fact that experimental tests of germ propagation is in dead matter only as a media. All this may provoke a smile and contradiction, but with the writer it is a sober thought, and in presenting the foregoing suggestion is it not pertinent for the writer and essayist to say, prevent the waste of N and disease will be conquered?

We look about and notice how all innovations are prompted by phenomenal demonstration. Even fiction supply germs of fruition serviceable and profitable; and how

like fiction is our appreciation of the law of affinity—on first reading. But, the exposition of Nature is entirely honest; nor in no lower degree can man follow her; moreover, there is design in all things in Nature, and utility is the first law in creation. The discovery of her plans and purposes will explain her supreme utilitarian prodigality and perfect economy in her creative work, as she couples beauty with utility. He who only in his own ideality of perfection sees beauty may be poetic but is rarely a philosopher.

There is no lie in Nature, the theories of scientists notwithstanding; it is conditions, not theories, that must be confronted when *vis natura* is the principal contendant. One as a naturalist or scientist cannot admit anything as mystical or transcendental in Nature while a final explanation may lie beyond him. When we see with what haste she invites a succession of strange dwellers into decaying and decomposed matter to make that dead matter live again, we must reason that Nature has a horror of death. Perception of her hatred of death is as old as Shakespearian literature. Who of you have read Hamlet and failed to note an observation of this fact in the expression, ii-ii, "If the 'sun breed' maggots in a dead dog, being a 'god-kissed' carrion." *Bacon didn't say that.* In this wise we see Nature utilize refuse matter through the process of fermentation, decomposition, putrefaction, thereby breaking up dead matter and liberating elemental atoms that in their nascent state by the great principle of affinity may form new compounds by a readjustment of equivalents. And, strange to tell, elements have a greater affinity for each other when they differ in their chemical properties—the more dissimilar they are to each other the more eager they combine for the transmutal of dead matter into new types of life. Listen to the alchemistic expressions of the Poet Pope: "All subsist on elemental strife, and passions are the elements of life."

And how like passionate beings the sixty-odd ultimate elements, of which all things natural are composed, behave; they not often exist alone in Monkish celibacy, so to speak, but largely endowed with an affinity for each other they are found in a Mormon-like state of polygamy and chemical socialism; and again, at times exhibiting a most barefaced and impudent jilting and Reno-like procedure.

As with human unions, the great common law of divorce among the elements is heat; under its influence most all unions are legally dissolved and the members thereof are at liberty to form new attachments with any more attractive partners. Any retort or furnace will illustrate this, *e. g.*, in whatever union it may be engaged seeing the changes occurring among its elemental associates, during the heated moments, aerial N goes up the chimney in a huff to join itself with the pervading air in abandoned freedom. While O, Cal. C, H, S, etc., dance up to their partners affinitatively and form new unions and compounds.

Until 1807, O and K were thought to be inseparable as potash, when Davey discovered a law that separated K from its beloved O. But their love for each other is such that for K to come in contact with O, is to break the tie that binds it, and O elopes with K, to the discomfort of its chemical associates.

N does not unite directly with any other single element, but is associated with all the higher forms of animal existence. Blood, muscle, brains, nerve, all owe their vitality and stability to its presence. Whatever importance may be attributed to C, O, H, P, S, the absence of N from their association spells inorganic.

Facts are stubborn things, and "There are more things in heaven and earth, Horatio, than are dreamt of in our philosophy."

FERMENTATION AND PUTREFACTION.

By LOUIS FAUGERES BISHOP, A. M., M. D.,

Clinical Professor of Heart and Circulatory Diseases, Fordham University School of Medicine, New York City; Physician to the Lincoln Hospital.

Progress in knowledge is always a process of developing distinctions, and language expresses our own mental distinctions. This is very well illustrated by the words fermentation and putrefaction. By some physicians and most lay people the words are used more or less interchangeably. At least, the word fermentation is used to cover the ground of the word putrefaction. This creates much confusion in clinical medicine.

Thus gastric fermentation is a disorder accompanied by very disagreeable symptoms and outward manifestations, that are evident to the most casual observer. Intestinal putrefaction is a disorder that is often entirely without local symptoms and which works its scorching damage upon the heart,

blood vessels, kidneys and nerves without any evidence of its presence except that found in the laboratory. Gastric fermentation is usually a simple example inside the body of the tendency of nature, in the presence of certain ferments, to the production of alcohol from carbohydrates, with a resulting evolution of carbonic acid gas.

Putrefaction is an example of the tendency of the molecules of protein matter to fall apart with the production of poisonous substances. These poisonous substances are numerous, as the composition of the protein molecule is various, but the three prominent ones, indol, skatol and phenol, should be very carefully studied. Indol is easily detected in the urine and becomes sort of an index for the presence of the products of intestinal putrefaction in the blood.

Indicanuria is of no importance as a condition in itself. Very few people are all the time free from a trace of this excretion in the urine. When well marked and persistent, its importance in connection with the establishment of chronic heart, blood vessel and kidney conditions cannot be exaggerated.

I venture to state what I believe no one will deny after a careful review of this subject, that the major portion of cases of cardiovascular disease, as they present themselves to the specialist, have had their origin through the long-continued and insidious action of the products of intestinal putrefaction upon the circulatory organs, and in the major portion of these cases the process has gone on without recognition or treatment on account of the absence of symptoms directed to the real seat of the trouble.

If things could be reversed, and intestinal putrefaction could assume the prominent and disagreeable symptoms of gastric fermentation, many would be warned in time, and premature arteriosclerosis would be less common.

The clinical pathology of gastric fermentation is fairly complicated and difficult. The chemistry of intestinal putrefaction is simple, though requiring a little skill and pure chemicals. Several of my own patients who have been physicians have declared that they could not get the indol reaction when it was undoubtedly present, as demonstrated by an experienced chemist. This was due to some faulty technique, and upon this faulty technique is dependent part of the skepticism of the profession as to the vital importance of this subject. I place the examination on a footing of equal importance with that for albumen, though, of course, I realize that my perspective is altered by the distinctive character of my work, being almost exclusively cardiovascular cases. But this is aside from the main object of this communication, which is to emphasize the distinction between gastric fermentation and intestinal putrefaction, and to bring to mind the fact that the latter condition is without prominent symptoms, though the results are disastrous.

54 W. 55th St., New York City.

Clinical Reports.

CASE OF SPLENO-MYELOGENOUS LEUKÆMIA.*

By George Knauer, M. D.,
Elizabeth, N. J.

Patient is a male, white, age 40 years, born in the United States, a book-keeper by occupation.

Family history is negative.

Past history is negative.

Personal history—Had gonorrhea 15 years ago, with good recovery. Drinks one glass of whiskey daily, average. Otherwise habits have been good.

Present history—Began February, 1910, with dull aching pains in the epigastrium, beginning immediately after meals and continuing for an hour or more. This pain disappeared after two months. About seven months later the pain returned under the left hypochondriac region and then became generalized over the whole abdomen. The patient has not vomited nor lost much strength. About three and a half weeks ago (December 18, 1910) the legs began to swell, then the thighs, abdomen and hands. The appetite has remained fair; bowels regular; no headache. Complains of dyspnœa on the slightest exertion, and has noticed that he is getting very pale.

Physical examination — Male, white, height 5 feet 9½ inches, weight 138 pounds.

Head—Normal conformity. Pupils equal, and react normally to light and accommodation. Palpebral conjunctivæ anæmic.

Neck—Negative.

Thorax—Lungs, within range of normal. Heart, apex beat displaced outward about half an inch beyond mid-clavicular line. Sounds regular, good quality; no murmurs heard.

*Reported at the meeting of the Union County Medical Society, at Elizabeth, January 11, 1911.

Abdomen—Distended. Free fluid present as asertained by percussion showing moveable flatness and a fluctuation wave. Tenderness on deep pressure just below the xiphoid cartilage.

Liver—Dulness is increased and edge is palpable three finger-breadths below the right costal margin.

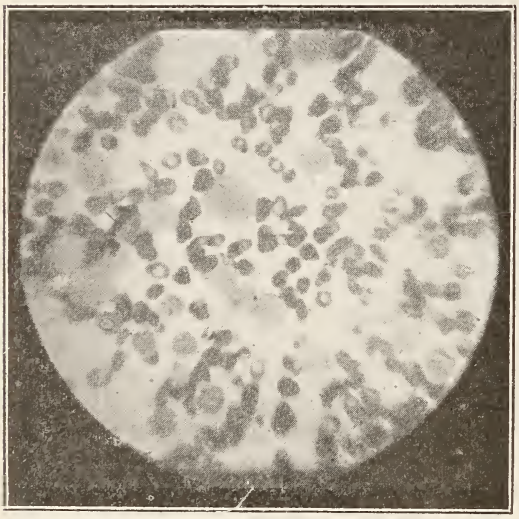
Spleen is enormously enlarged, filling almost entirely the left half of abdomen, extending about one inch to the right of the median line above and downward to just below a level with the crest of the left ilium.

Kidneys—Not palpable.

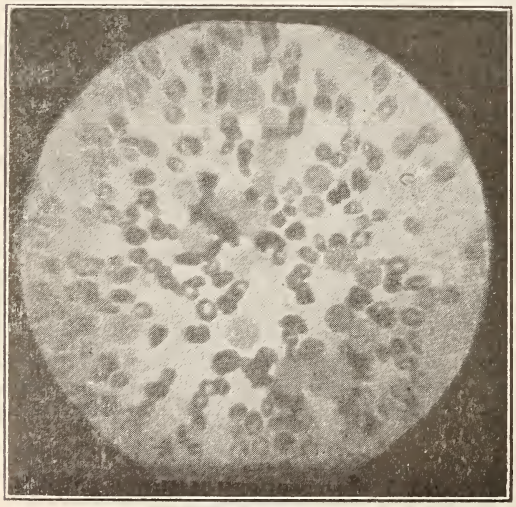
Oedema of abdominal walls, both lower extremities and hands.

Reflexes are normal. Lymph Glands, not palpable.

Genitals slightly œdematous.



The myelocytes and white cells are seen between the more deeply stained red corpuscles.



Pulse rate slightly increased, regular, good tension and volume. Arteries not thickened.

LABORATORY FINDINGS.

Urine—Acid, amber color; specific gravity, 1,025; sugar and albumin negative; bile negative; indican moderate; amorphous urates moderate; no casts seen.

Sputum—Negative for T. B.

Blood—The blood picture is a typical one of myelogenous leukæmia, as is shown by the slide under the microscope. It will be found that there is a marked increase in the white blood cells, which sometimes exceeds 100,000 to 200,000 per c. m. m. The polynuclear cells will be found to vary in size.

The diagnostic cell, of course, is the myelocyte which is a large cell with an ovoid nucleus nearly obscured by granules. Of these there are three kinds—neutrophilic, eosinophilic and basophilic myelocytes. The neutrophilic are the most common and the basophilic the least.

Beside this the slide shows a moderate grade of secondary anæmia,

A total and differential count was not made because of lack of time to prepare the case, but the picture shown by the microscope is so distinctive as to leave no room for doubt concerning the correctness of diagnosis.

Unusual Case of Pulmonary Syphilis.

Von Hansemann showed before the Hufeland Society, December 8, a case of syphilis in the lung of a newly born infant. As a rule hereditary syphilis of the lung is expressed as a white pneumonia, the lesions being constituted of gummata. In the present case, conditions differed greatly. The lungs were much enlarged, and the diaphragm depressed correspondingly. Tumor-like formations lay on the surface of the chest, and these greatly resembled cancer metastases. The neoplasms seemed to exhibit a thickening of the cellular tissue along with a thickening of the arteries. Amidst these tumor-like masses portions of normal lung tissue were included. The lesions of white pneumonia, so often characteristic, were frequently noted. In the relatively sound portions of the lung, the septa were thickend (a diffuse gummatosis). The line between syphilis and tumor formation was hard to draw. It is of importance to note that the pulmonary lesions were accompanied by various remote indications of constitutional syphilis—especially enlarged spleens and liver, but without specific deposits. There was a lesion in the myocardium, and a focus of syphilitic osteochondritis.—Berliner klin. Woch.

Cerebral Hemorrhage from Luetic Vessels.

Dr. Henry Head reports the case of an engineer aged 32, who, in July, 1902, contracted gonorrhea, which lasted about two weeks. This was followed by rash and sore throat. There was now a scar at the orifice of the meatus,

pointing to the probability that the infection was syphilitic. In April, 1904, he felt dizzy, and within twenty minutes became paralyzed down the right half of the body. He lost his speech, but did not become unconscious. Since that time he had shown no material alteration. He was still hemiplegic, his tongue was protruded to the right, the right knee-jerk and wrist-jerk were greatly exaggerated, ankle clonus was obtained, and the plantar reflex on this side gave an extensor response.—Proceedings of the Royal Society of Medicine.

Regeneration of Bone After a Single Injection of "606."

Reported in Munchener Medizinische Woch., December 20, 1910.

Dr. Therstappen, of Bardenheuer's surgical clinic, briefly places a remarkable case on record. The lesion was caries of some toe phalanges and metatarsal bones of syphilitic origin. It was outlined before treatment by the X-ray. The patient denied any venereal infection and had always been well. But for the preceding four years he had had pains in the ball of the right foot. Quite recently there had been superadded an ulcerative affection of the toes of the left foot. On examination the left great toe was found swollen with a commencing ulceration. A similar ulcer was found on the second toe of the right foot. Despite these (isolated) lesions the feet appeared normal, and the patient himself was in good physical condition. The Roentgen ray showed a multiple caries, as already stated. Wassermann reaction positive. An injection of 606 was at once given, followed by one of morphine. A febrile reaction ensued. The ulcers at once improved, and abscesses evacuated themselves or were opened and treated on general symptoms. The new ulcers granulated. At no time did bone come away nor was it apparent on probing. The Wassermann reaction had now become negative, while a radiogram showed a remarkable regeneration of bone in the former carious localities. In other words, the bones had healed up as soft parts may, without necrosis or caries. The case is believed to be unique.

Two Appendices in One Person.

Reported by W. G. Young, M. D., Grand Rapids, Mich., in the A. M. A. Journal.

On November 7, 1910, I was called out of town to see Miss C. D., aged 21. She had been suffering intense abdominal pain, accompanied with vomiting, for three days. The abdomen was distended and tense; pulse 140; temperature 101. A diagnosis of acute suppurative appendicitis with peritonitis was made, and an operation advised. On opening the abdomen I found pus in the peritoneal cavity with no walling off; there were two appendices containing pus; one was ruptured. One appendix measured 3 by ⅜ inches, the other one 3½ by ⅜ inches. Their bases were 1¼ inches apart, and each had a meso-appendix. Drainage was instituted, the patient placed in the Fowler position and continuous rectal saline by the drop method was employed for five days. The patient made a slow recovery; at present is able to walk about the room.

Abstracts from Medical Journals.

Treatment of Abortion.

In the course of a clinical lecture the author remarks that the main task in treatment of abortion during the first seven months is to arrest the hemorrhage, but later the task is to ensure the complete emptying of the uterus. He warns that the curette should never be used with a vesicular mole as it is impossible to know the extent of the destruction of the uterus wall. After the uterus has been cleared with the finger, he rinses it out with two or three liters of 70 per cent. alcohol in every case of abortion.—Franz (Deutsche medizinische Wochenschrift, July 1, 1909).

Intrabronchial Injections; New Technic.

Guisez describes a new method by which intrabronchial injections may be easily carried out. He gives the results of such injections in a case of acute intrapulmonary abscess and one of chronic bronchial dilatation. In the abscess case radioscopy enabled the abscess to be located, and the treatment brought about a speedy recovery. In the chronic dilatation case the patient was benefited by the injections, and his fever lessened by the emptying and disinfection of the bronchiectatic cavity. The larynx of the patient is cocainized and the injection made with a long curved cannula, which is introduced with the head mirror. The cannula reaches to the bifurcation of the bronchi and is directed toward the affected bronchus at the moment of injection. When the injection is made the patient lies on the affected side, so that the solution runs in that direction. It is possible to introduce without disagreeable results 12 to 18 c.c. of fluid. This method allows of efficient local treatment of pulmonary conditions.—Gazette des Hopitaux.

Cardio-Phobia.

Not infrequently I am consulted, as are most physicians, about the conditions of a patient's heart. After the examination is finished, the first question by the patient usually is: "What did you find, doctor?" or "Is there anything the matter with my heart?" Upon one's answer may depend a great deal of anguish, or a great deal of satisfaction.

Inasmuch as a large majority of those persons who consult me have some cardiac disturbance, be it ever so little, organic or functional, I can rarely say with truth: "There is nothing the matter." If I state just what I find, and even if I endeavor by explanation and assurance to allay useless or exaggerated fears, too often, as I have found by experience, I am only partially successful and sometimes fail utterly.

Therefore, during the last few years and so far as possible, I simply say in advance: "I will examine your heart carefully and make notes of what I find, normal or abnormal, and I will then advise you as to what is best to do, but I will not report to you what I find." I also tell patients, if they permit me thus to act, I will save them from much unnecessary anxiety.

Whenever I am allowed to do so I have later had much reason to be satisfied; when I have acted differently I have usually regretted it.

Very few persons should be told they have heart disease, simply because it does no good in any way and carries with it uncontrollable and continuous anxiety. I have had several patients during the last years of my practice who have suffered any amount of mental torment from ill-advised opinions, given to them by well-meaning, but injudicious physicians, in regard to their cardiac condition. At present, and in view of my conduct, more than one of these patients, although the cardiac condition is about the same as previously, enjoy immunity from constant fear and their symptoms are quite bearable, or indeed much improved. Several times I have been tempted to write the foregoing and do so now with the hope that my practice may be generally followed, because it is, I believe, both rational and humane.—Dr. Beverly Robinson in Critic and Guide.

The Heart in Articular Rheumatism of Children.

Dr. P. Nobecourt says that rheumatism in children is peculiarly liable to affect the heart; the virus has a peculiar affinity for the endocardium and the myocardium. We may get valvular lesions appearing in slight cases without any fever. The lesions may take the form of endocarditis, pericarditis, or myocarditis. The most severe symptoms occur in the malignant cases in which there develop swelling of the jugulars, tachycardia, and cyanosis, and sudden death may result. In mild cases the immediate prognosis is good, but the remote results may be lesions that later result in death. These small patients in severe cases quickly emaciate and become cachectic. In mild cases there are no subjective symptoms, and the heart should be watched carefully to detect the physical signs. Treatment demands immediate rest in bed with milk diet and salicylates.—Archives de Medicine des Enfants.

Diabetes as an Infectious Disease.

Dr. Alfred King in this paper read at the annual meeting of the American Therapeutic Society, May, 1910, said that at the last meeting of the American Therapeutic Society he had ventured to express the opinion that diabetes mellitus is an infectious disease, due to the presence of the yeast fungus, Saccharomyces cerevisiæ. He recapitulated the arguments on which this opinion was based, and stated that the only link which had seemed lacking to the absolute establishment of the theory was the fact that he had not produced the disease in the lower animals by injecting the fungus, though he had shown that Leo was able to cause glycosuria in dogs by the administration of fermented diabetic urine containing no glucose. During the year that had now elapsed he had not yet had the opportunity, in a somewhat busy life, to experiment on lower animals or complete his investigations; but, with considerable additional experience, he had found nothing to disturb his confidence in the theory or his faith that it would be established. He had now examined forty patients, and had obtained a pure culture of the fungus from the blood of every one with a single exception, that of a little boy of three years in whom the attempt to sterlize and prick the finger excited so much nervous disturbance and resistance that it seemed wiser to desist. In treating an infectious disease he believed that the whole physical condition should be considered; also the methods of treatment which had been found beneficial in the past.

The treatment of diabetes should be hygienic and medicinal; it must aim at removing and controlling the injurious effects, as well as the cause. Antiseptics had proved useless for retarding its action and growth or destroying the fungus and the vaccine treatment alone was most effective. This restored the strength and sense of well-being, relieved the thirst, reduced the sugar content of the urine, and checked the polyuria. All this it did by increasing the resisting power and destroying the cause, and its employment twice a week soon brought the opsonic index above normal. He was aware, he said, that much was still to be learned as to the preparation and the use of vaccines for treatment of infectious diseases and in the study of immunization, but he believed that Wright's work was epoch-making in medicine. His own work on diabetes had given him increasing confidence in the truth of the theory and in securing still better results. He cited a number of cases, and stated that those taken early had given the quickest and best results.—Medical Record.

Dietetic Treatment of Cholelithiasis.

Dr. R. Kolisch, in Medizinische Klinik, Berlin, says he has become convinced by years of experience with thousands of cases that dietetic measures are possibly most important of all in treatment of cholelithiasis. The aim in treatment is not to act on the stones but to combat the inflammation in the gall-bladder. His attention has been called to the hereditary nature of gall-stone disease, its regular association with constitutional anomalies connected with functional disturbances of the liver, such as gout and the uratic diathesis, and to the frequent development of cholelithiasis during pregnancy. Treatment, he states, should aim to avert everything liable to injure the already weak liver functioning; the diet should be regulated to spare the liver as much as possible and also to keep the intestines in good order, free from catarrhal processes or cure them promptly when such arise. He ascribes a large part of the benefit from the Carlsbad cure to the effect on the intestines; the connection between intestinal catarrh and gall-stone colic is unmistakable in many cases. The diet should avoid chemical, thermic or mechanical irritation of the stomach; the stomach should not be overloaded and food should not be allowed to stay long in it, especially during or following an attack. The food should be light and digestible, avoiding condiments and very acid foods, raw vegetables and fruit, fat that does not melt readily, fat and salted meat and food prepared with yeast of fermenting. Cold drinks should be avoided. Fat that is readily dissolved, such as oil, cream or butter, is useful and very nutritious while taxing the stomach very little and stimulating the digestive processes. The amount of albumin allowed should be small and fractioned in small amounts, avoiding all highly seasoned food and that containing much extractive and purin bodies. Hot drinks, he says, have as favorable action as hot cataplasms, but he advises the latter also, applied for two hours after

dinner every day for two or three months, forbidding a drop of cold fluid for six months after the last attack, at least. He has applied a Bier suction bell to induce hyperemia in the region in certain obstinate cases, with good results. He advises abstention from sports of any kind for at least a year after the last attack, and he advises against horseback riding, driving over bad roads, lifting heavy weights and straining, saying also that gymnastics and massage should be discontinued during this time. A year is none too long for these measures to be kept up, he adds; the reward being a permanent latency of the gall-stone disease which well repays the effort required to refrain from taxing the liver and over-exercising.

Apoplectic Stroke; Operative Treatment.

Dr. F. Franke, in Deutsche Med. Woch., Berlin, advocates operative intervention in case of acute cerebral hemorrhage, before irreparable changes have been induced from compression by the extravasated blood. The brain seems to be able to stand without serious injury considerable compression if the strain is not kept up too long and if the blood is evacuated before the brain tissue has softened under its direct influence and its toxic action. In a recent case, the autopsy findings when compared with the course of the syndrome impressed him with the conviction that operative treatment after the first shock would in all probability have saved the patient. Puncture of the brain or trephining would have released the blood, especially if a fine metal cannula with holes in the side had been slipped in over the needle and left in the opening for permanent drainage. He trephined in the case reported but not until two weeks had elapsed after the hemorrhage; irreparable harm had already been done and the patient soon succumbed. He makes the trephine opening with the Gigli wire saw and remarks that the dangers of puncture and trephining are negligible in comparison with those which cerebral hemorrhage entails. Minute examination and observation are necessary to locate the site of the hemorrhage; the most apparently insignificant signs must be watched for and noted, for example, slight paresis of the facial muscles, mouth breathing, behavior of the abdominal and cremaster reflexes, which are diminished or abolished on the paralyzed side, the Babinski reflex on the side involved, slight tension of the extremities during passive moments on the sound side, conjugated deviation of the eyes toward the side involved, or a history of some preceding slight apoplectic attack and determination of the site of the hemorrhage at that time. He urges that a surgeon should be called in during the first few hours after a serious apoplectic stroke so that the physician and the surgeon can study the case together, locate the hemorrhage and discuss whether the condition permits of operative intervention or is not serious enough to demand it. The puncture could then be done at once in the home; if this fails to give relief, trephining might follow. He does not think that a cautious removal to a hospital would essentially increase the dangers for the patient. By this means the blood could be removed from the brain within two, three or five hours, this period of time being allowed to elapse to permit revival from shock and reduce the danger of serious after-hemorrhage. The practitioner generally is the one who first sees patients with cerebral hemorrhage, and to him Franke appeals to help place cerebral hemorrhage on the same plane of successful treatment as perforation of a viscus, stab wounds of the heart and acute peritonitis.

Flatfoot, the Operative Treatment Of.

By A. Riedl, M. D., Archiv. of Klin. Chir., Bd. 92, Hft. 2. Riedl reports the surgical treatment of thirty-seven cases of flatfoot and describes his method as follows:

The foot is placed upon a firm support, with the knee bent, and an incision made a finger's breadth behind the inner malleolus and carried straight along the internal surface of the heel down to the bone. The os calcis is then chiseled through obliquely from behind upward and outward and the tuberosity displaced inward. The foot is maintained in this position by means of a plaster bandage from three to four weeks. The average duration of treatment is fifty-one days. Although this method does not produce any essential improvement in the shape of the foot, it permanently removes all the existing discomfort in severe flatfoot cases. An importent feature of the operation is the inward displacement of the calcanean tuberosity.

Conservatism in Operations on the Uterine Appendages.

Dr. Lewis C. Morris, of Birmingham, Ala., read at the annual meeting of the American Association of Obstetricans and Gynecologists, September, 1910, an able paper on the above subject, which is printed in The American Journal of Obstetrics and Diseases of Women and Children, December, 1910.

He states that true conservatism has for its objects:

1. The removal of pathological tissues or the institution of such treatment as will permit these tissues to so far return to normal as to perform their physiological functions.

2. The relief of the various disturbances and symptoms resulting from the presence of disease.

3. The maintenance of the integrity and potency of the Fallopian tubes on one or both sides, in order that their function as oviducts may be retained.

4. The conservation of all of both ovaries, or as much of both or of either as is consistent with the correction of the pathological condition present. This is necessary in order that the three important physiological functions of the ovary may be retained; first, ovulation, thus rendering conception possible; second, the preservation of the menstrual function, thus avoiding the nervous disturbances and atrophic changes incident to the artificial menopause; and third, the maintenance of the internal secretion or trophic influence over which the ovaries are believed to preside.

5. The maintenance as nearly as possible of the normal anatomical relationship of the ovaries and tubes to each other and to the other pelvic viscera.

6. The covering over as nearly as possible of all raw surfaces, resulting from the breaking up of inflammatory processes, thus minimizing the dangers of post-operative adhesions.

He then considers the conditons of the ap-

pendages, in which conservative work should be considered, as divided into three classes:

First — Non-inflammatory neoplastic ovaries with normal tubes.

Second—Non-inflammatory pathological conditions of one or both tubes.

Third—Inflammatory condition of one or both tubes, with or without involvement of one or both ovaries.

After treating of these three classes and citing the history of two cases he gives the following conclusions.

First—No woman under forty years old should have all of both ovaries removed except in the presence of tuberculosis or cancer.

Second—Resection or amputation of diseased parts and plastic work on the tubes will occasionally be followed by conception.

Third—Even in the presence of infection and more or less involvement of both tubes and ovaries, plastic work, followed by pelvic drainage and the Fowler position, may be followed by regeneration.

Fourth—Radical or sacrificial surgery and conservative or conservation surgery have about the same mortality, but a vastly different morbidity.

Fifth—A very occasional secondary operation may become necessary which might have been avoided by doing radical work.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, Reporter.

The February meeting of the Atlantic County Medical Society was held at the Hotel Windsor on Friday evening, the 10th inst., at 8 o'clock.

About thirty members were present and a most interesting program was thoroughly enjoyed.

Dr. David Riesman, of Philadelphia, read a very instructive paper on "Premature Changes in the Blood Vessels Due to Arterio-sclerosis." The paper was discussed by Drs. W. B. Stewart and J. I. Durand.

Interesting cases were reported by Drs. Taggart, Senseman and Conaway. A motion to appoint delegates to attend the meeting of the Camden, Gloucester and Salem county societies was carried.

The society was pleased to welcome as guests of the evening Dr. Luther M. Halsey, of Williamstown, Dr. James Hunter, Jr., of Westville; Dr. A. L. Harte and Dr. David Riesman, of Philadelphia.

Each was called upon and responded with a few well-chosen remarks.

Dr. Daniel Jenifer has removed to Townson, Maryland.

At the conclusion of the meeting a dinner was served in the grill room, to which all were invited.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, February 14, 8:15 P. M.

The president, Dr. J. W. Proctor, occupied the chair and eighteen members were present.

Dr. H. A. Bonynge, of Ridgewood, made application to have his membership transferred to the Passaic County Medical Society, and his request was granted.

The March meeting is to be given over to a complimentary dinner to our two oldest members, Dr. John J. Haring, of Tenafly, and Dr. Samuel J. Zabriskie, of Westwood. Both of these gentlemen have been in practice for over half a century.

I report with regret the death of one of our ex-presidents, and a valuable member of the society, Dr. Henry C. Neer, of Park Ridge. Dr. Haring has been appointed a committee of one to draft suitable obituary notices of him. A copy will be sent to the Journal for publication.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The monthly meeting of the Hudson County Medical Society was held February 7, 1911, in the Public Library building.

The meeting was well attended, with Dr. Shard in the chair. The papers of the evening were read by Dr. Lewis Franklin on "Habitus Entoropticus," and Dr. A. B. Joffin on "Transfusion." They were discussed by Drs. Dickinson, Hill, Faison, Mooney, Strasser, Koppel, G. Culver and George E. McLaughlin.

Dr. Horning presented a case of hyperostosis of the tibia in a girl 14 years of age. Father had specific lesion twenty years ago.

Dr. Wallace Pyle reported a case of pus in a joint following mastoid operation.

Dr. Dickinson spoke on appendicitis, pointing out that where the acute condition is an exacerbation of a chronic one, operative interference can be delayed and expectant treatment allowed at times, but when it is a primary condition prompt operation should always be preferred.

Dr. B. S. Pollak called the attention of the members to the tuberculosis clinic opened on Grove street, Jersey City, for the free treatment of patients afflicted with tuberculosis.

Dr. Kirshenbaum reported a case of menopause at 26 years, in which menstruation started at the age of 16 years.

Dr. George Culver said that he occasionally met with such cases, all being due to uterine hypoplesia.

Dr. C. L. Hoening reported a case of hematocolpus and hematometria, where 3½ quarts of fluid were removed by aspiration.

Dr. George Culver reported the following case from his service at the City Hospital: A girl 7 years old presented herself with a gonorrheal discharge from the vagina due to rape. On investigating, the doctor was able to trace the case to one of his hospital patients. The man was arrested and held for the grand jury.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

The Salem County Medical Society met in the Schaefer House Wednesday, February 1, 1911, and considering the weather indications, there was a fair attendance.

Dr. C. M. Sherron presided. The spirit and interest of the session was characteristic.

Dr. James Hunter, Jr., of Westville, District Counselor; Dr. George E. Reading, of Woodbury, and Dr. W. P. Conoway, of Atlantic City, were guests.

Dr. J. M. Husted, of Woodstown, was admitted to membership on a certificate of transfer from the Camden County Medical Society.

Dr. F. B. Husted, of Quinton, as the essayist, read a paper entitled "The Physician and Layman," which was very favorably received.

Dr. Henry Chavanne read a treatise on "Coffee," discussing its botanical source, introduction as a beverage, its relation to historic, literary, social and political events and its medical and domestic value.

The social hour was of usual enjoyment and it was decided to meet at the same place on May 3 next for the annual session and election of officers.

Local, State and National Societies.

Newark Medical League.

The Newark Medical League, at its annual meeting in December, elected the following officers for 1911:

President—Dr. Louis Weiss.
Vice-President—Dr. Edwin Steiner.
Treasurer—Dr. Louis L. Davidson.
Secretary—Dr. Abraham Finkelstein.

The following were elected members of the council: Drs. David A. Kraker and Max Danzis, for the three-years' term; Drs. Nathaniel G. Price and Isaac Kupperman, for the two-years' term, and Drs. Louis S. Blumberg and Abraham J. Alexander, for the one-year term. The officers of the League are also members of the council.

It was decided to have the annual banquet at Achtel-Stetter's, 844 Broad street, January 26, 1911, at 8 o'clock P. M.

The annual banquet was held at Achtel-Stetter's on the evening of January 26, 1911, 116 physicians being present. After an elaborate and most satisfactory dinner, Dr. William J. Robinson, editor of Critic and Guide, read an able paper on "The Improvement of the Human Race," which contained much "advanced thought" on the methods of improvement, some of which were not endorsed by the speakers who followed in the discussion of the paper. The speakers were Drs. Edward J. Ill, Samuel E. Robertson and William H. Hicks, of Newark; Thomas N. Gray, of East Orange; David C. English, of New Brunswick, and William J. Chandler, of South Orange.

The League also held a meeting in the parlors of the Continental Hotel, Newark, February 27, 1911, The paper of the evening was on "The Decay of Nations," by Heinrich Stern, Ph. D., M. D., editor of The Archives of Diagnosis, etc.

Passaic City Medical Society.

Joseph H. Oram, M. D., Secretary.

The regular monthly meeting of the Passaic City Medical Society was held in the Board of Trade rooms, Thursday evening, February 9, 1911, at 8:30 o'clock, President G. T. Welch, M. D., in the chair, with a large attendance of members.

Papers on the following subjects were presented and discussed:

Multiple Neuritis, by Dr. D. E. Warren, of Passaic.

Experience with Salvarsan ("606") at the New York Skin and Cancer Hospital, by Dr. Howard Fox, of New York City.

Suits for Malpractice, by Dr. Charles W. Cropper, of Jersey City.

New York Academy of Medicine.

At a meeting of the New York Academy of Medicine held December 29, 1910, nine lepers, of whom two were women, were exhibited. Eight of these lepers are residents of New York and go about the streets every day. Eight of them are white and one is a Chinese. They were taken to the meeting by the physician who had been attending them, and they were lectured upon before an audience of nearly two hundred physicians.

The afflicted persons were the objects of close scrutiny by the physicians because it was announced before the meeting formally opened that the man who believed he had at last isolated the leprous bacillus was present and would tell of his discovery. This was Dr. Charles W. Duval, of Tulane University, New Orleans.

Dr. Duval told how after two years of constant research he had been able to develop the leprous germ, after having made more than a hundred different cultures for it. He said he had not yet discovered the serum for the disease, but he hoped that within a year he would be able to give to the world the cure for the malady which has baffled science for centuries.

The patients shown were exhibited by Drs. Bronson, Bulkley, Dade, Fox, Fischer, Oulmann, Winfield and Wise.

The first paper of the evening was read by Dr. S. Pollitzer, who gave a historical sketch of leprosy in the United States. He said that at this time there are about 530 cases in this country and added that the disease was most prevalent among the negroes and Asiatics within our bounds.

Dr. G. Howard Fox read a paper on the "Symptomatology of Leprosy," and Dr. Isadore Dyer, of New Orleans, made an address on "The Sociological Aspects of the Disease and the Question of Segregation." The discussion was led by Drs. Brunckerhöff and White of Boston, Schamberg of Philadelphia, Pusey of Chicago and Montgomery of San Francisco.—Camden Post.

New Jersey State Pediatric Society.

A general meeting of this society was held in the Camden Dispensary, Camden, N. J., on Thursday evening, January 19, 1911, at 8:30 o'clock. President Henry L. Coit, M. D., of Newark, occupied the chair. There was a good attendance of members of the society, as well as of members of the profession generally. It is for the non-members, especially, that these general meetings are held.

The address of the evening was an exceedingly interesting and instructive one by Professor J. P. Crozier Griffiths, M. D., of the University of Pennsylvania, on "Chronic Intestinal Indigestion in Early Life." It was discussed by several physicians.

The annual meeting will be held in June, probably at Spring Lake.

American Association for the Study and Prevention of Infant Mortality.

We give the following abstract of the remarks of Drs. Jacobi and Welch at the first annual meeting of this association, held in Baltimore, Md., November 9-11, 1910:

Dr. Abraham Jacobi, New York: The highest infant mortality occurs during the first few weeks of life; inheritance is a powerful factor in the formation and the health of the baby; the diseases and frailties of the parents will be reproduced, actually or potentially, in the offspring. Parents with hysteria, or epilepsy or other nervous diseases, with diabetes, alcoholism, criminal instincts or other forms of insanity, insure dispositions to kindred, if not the same affections. Syphilis is fatal to the embryo or fetus, dangerous to the baby, who frequently succumbs to its ravages within a few days or weeks. Tuberculosis in the mother will only predispose the baby; open tuberculosis will directly infect the nursling—it may be, the first day or week. So individual caution of the present generation will or may, and must, safeguard the existence of the child that is to be. Marriages are not permitted between the immature even now; they should be prohibited among the advanced tuberculous, the insane, the incurable epileptic, the hopeless criminal.

Our young doctors, unless they have had the great luck of being taught in obstetric wards and practice, learn, if at all, at the expense of the women who bear children and of the infants that are borne by them. Our medical schools do not begin to convey adequate obstetric knowledge and practice to the students. The number of poor who suffer for want of the safety vouchsafed by knowledge and by means, increases every year. Only a part of the deaths due to puerperal fever are attributed to it, other causes such as acute Bright's disease, peritonitis, pneumonia, being inscribed on the death certificates. Puerperal fever is avoidable; its occurrence is a scandal and a shame in the community—like smallpox or typhoid fever; and no actual precaution is taken to avoid it. Poor agricultural Prussia had its well-informed and trained and supervised midwives a century ago. There was and is no village in that country without one. We, however, have none that compare with them. We cling to our prejudices and our indolence. Forty years ago, the midwife question was discussed in a large New York medical society. One per cent. of the members present voted for instructing and licensing and supervising them. And this very day the system under which they practice is slovenly and shiftless; no instruction is held out, no examination is held and the infant mortality of all classes, which you are bound to combat, is increased.

Dr. William H. Welch, Baltimore: I believe this movement initiates one of the most important campaigns in preventive medicine in this country. In spite of the triteness of statistics, it is enough to arrest one's attention when one learns that in the State of Maryland over one-fifth of all the deaths of all ages occur under one year of age; that one-third of all the deaths occur under five years of age, the negro death rate making the percentage higher than in some other places. In the registration area of the country, the deaths under one year of age are a little less than one-fifth of all deaths of all ages, and about one-third under five years of age. One-ninth of all the deaths occur in the first three months of life. The crusade directed toward the prevention of infant mortality will yield the quickest results if waged against the so-called diarrheal and intestinal disorders, the acute respiratory diseases, bronchitis and pneumonia, and the infections. Nurselings are better protected against infections than children who are artificially fed.

One of the most important functions of the association is the enlightenment of the public. Such education of the public is required to secure the enactment of the necessary laws from the legislatures and the appropriation of the funds needed to carry out preventive measures. Another function should be to stimulate better sanitary organization and administration throughout the country. With this end in view it should lend its whole force toward the organization of a national department of health and should stand for a strengthening of the activities of the Federal Government in public health work. A bureau of child hygiene would be an essential feature of such a federal department of health. A campaign in the interest of the better registration of births; the correlation of existing agencies now acting separately for the reduction of infant mortality; the stimulation of investigation; the formulation of a definite program of prevention, are also among the functions of the association. The direct benefits to be derived from the application of such measures would of course justify all efforts. The indirect benefits would be equally great.

Miscellaneous Items.

Obscenity vs. Scientific Discussion.

There is a vast difference between obscenity and a scientific discussion of important problems. The editor positively detests every kind of obscenity, loathes smutty stories and would gladly see the suppression of every book whose sole object it is to excite the sexual passions of the immature or of the roues. But we must be very careful not to interfere in the slightest degree with a free and full discussion of all sexual and venereal problems. Such a discussion is needed in the interests of the health, of the welfare of humanity.

We must look at the motive, at the object. After all they are not so very difficult to fathom. —Critic and Guide.

The Noisy Nurse in the Sick Room.

First, last and all the time a rule to be observed in a sick room is quiet, for nothing is more irritating to a patient than noise, and a person who is ill frequently notices sounds that ordinarily would not be heard. For example, cotton dresses stiffly starched which rattle, or stiff silks should not be worn in a sick room, and squeaky shoes are inexcusable.

If a woman cannot wear rubber soles, at least an old pair of shoes which will make less noise than new ones should be worn.

It is needless to say that whispering should never be done. Whatever is said should be spoken in low tones.

To argue with an invalid is the height of

folly and may bring about a rise of temperature. If the patient is so ill that the physician's orders are to be carried out regardless of what the patient may wish, she should be made to understand such a condition, and the nurse should go ahead with the doctor's instructions.

Dishes brought into a room must be arranged so they will not rattle. The tinkle of ice is one of the few sounds not distressing to a patient, because it is usually associated in the mind of the sick one with a cooling and refreshing liquid. But a spoon hitting against a plate or a saucer rattling in another are harrowing to the nerves of one who is ill.—Grace Goodhouse in the Camden Daily Courier.

Surgery—Past, Present and Future.

Abstract of the Oration on Surgery by Dr. John B. Deaver, of Philadelphia, at the annual meeting of the Pennsylvania State Medical Society. Taken from the Medical Record report.

Dr. Deaver said that every race in every age had flattered itself that it was the true age of progress and believed that the like could never be seen again. The surest antidote to such complacency was to realize how often this had proven false in the past. The surgery of the past had been notable chiefly for the establishment of a few underlying principles upon which all our modern practice was based. For centuries men had been content to have pus and even praised it if it were of that consistency and character which was thought proper. Then, as now, the object of the surgeon was to get his patient well and he gave less thought to originating epoch-making innovations applicable to all surgery than to the individual problem presented by his patient. It had been accordingly only after ages of groping among details that principles began to emerge. The period did not lack for men of boldness and ingenuity, but they suffered from a lack of these underlying essentials of successful surgery. The present era of surgery dated from the discovery of anesthesia by Morton and the practical recognition by Lister of Pasteur's discoveries. The surgery of the present was remarkable for the elaboration of method and technique and the rise of surgical pathology. With the introduction of new methods surgery had found its main field in the body cavities, regions previously secure from entrance. Also operations for cancer and upon the vascular sytem had been vastly improved. Abdominal surgery had been opened up as a new field. The surgery of the pylorus and the pancreas was being rapidly developed. Dyspepsia had been found to rest usually upon an organic basis. The surgery of the pelvic organs and the genitourinary tract had reached a plane of efficiency where it waits upon improvement in diagnosis and early reference of patients. The surgery of the head had advanced pari passu. Its contents responded to the same principles as in surgery elsewhere. The surgery of the thoracic cavity had lagged behind on account of the difficulties of practical application of surgical principles. This problem belonged to the future. The treatment of infections would be greatly aided in the future by sera and vaccination. As yet the early application of the aseptic scalpel reigned supreme as the cure of tumors benign and malignant. Every tumor should be considered malignant until proven benign.

Classes for Defective Children.

The first of the five classes for defectives was opened October 13, in the Lafayette Street School, Newark, N. J., with Miss Florence Sibley as teacher. There were twelve pupils present, there having been equipment for just that number. Later three pupils will be added, bringing the class up to the limit established. The other classes will be one at Seventh Avenue and three at College Place. These will be opened on Monday. More than 200 children are known to be fit subjects for these special classes, but at present but seventy-five can be accommodated. The classrooms are not furnished as are ordinary schoolrooms, an effort being made to banish all school suggestion. Each pupil is furnished with a table and chair, especially adapted to his size, in place of a desk. The plan is to have the rooms decorated and made as attractive as possible.

Teachers are expected to use their own taste in the details of ornamentation. It is explained that much is expected from a cheerful and pleasing environment in dealing with the subnormal child, and much effort is expended in making him enjoy his surroundings and awakening in him the desire to accomplish the work given him. Much is made of physical development through games and exercise. Miss Meta Anderson, head teacher, in speaking of methods, declared that she works on the theory that a deficient child, when entered in a class, is a sick child and the first thing to do is, as far as may be possible, to correct physical defects, teacher and physician working in harmony. Often a child appears more defective mentally because of defective hearing, imperfect sight and other physical handicaps. More than fifteen pupils in a class are considered a great detriment, as with these even more than is the case with normally developed children, each should be dealt with individually and each one practically constitutes a class, the head teacher added. It is felt that results may not be definitely counted upon in this work, but all who are given special teaching improve and there is a small percentage that can be returned to regular classes.

Smoke Consuming Device.

Some American visitors at Carlsbad, Austria, this summer have been greatly interested in a new smoke consuming device in use there. The device is the invention of Alois Sichert, a Carlsbad architect, and is described by United States Consul Lowrie, of Carlsbad, in a recent report.

The idea is a simple one, but so effective that the poorest quality of Bohemian coal, a soft lignite, may be used with a combustion of 84.7 per cent. and practically no smoke or soot. This invention insures a draft of hot air driven down on the fire from above, beating back the smoke as it endeavors to rise and consuming it completely.

The coal is placed in a feeding box and slides therefrom over an inclined grate to a flat grate, until the whole surface of the two grates is uniformly covered. The incline grate is provided at its upper half with narrow air apertures like a polygonal grate, and at its lower half with

wider longitudinal apertures. The flat grate likewise has longitudinal apertures. The fire is started on the flat grate and forms an intense flame jet which extends over the inclined grate to the flues. During this operation the coal on the upper half of the inclined grate up to the feeding box gives off its gases and slides gradually downward on to the flat grate as the combustion on the latter proceeds, thereby continuously replacing the consumed coal. The necessary air is supplied to the grate through an air valve and this can be regulated in accordance with the degree of heat to be attained.

In the ash pit immediately beneath the flat grate are the inlet openings of the air-supply passages for consuming the smoke. Through these passages the air previously heated in the ash pit enters the ascending passages, passes into the arched passages, is heated therein and passes through apertures directly into the combustion chamber, and combining with the flame produces a perfectly smokeless combustion. By this procedure all particles of smoke, soot and sulphur from the coal are entirely consumed. The flame burns quite white and passes out through the flues as a smokeless flame into the chamber in which it is to be used for any special purpose.

Moreover, in combination with each of the ascending flues, a further air-supply passage is provided for the direct supply of external air, so that in the case of coal containing a large amount of sulphur a sufficient quantity of air may be supplied through the ascending flues to the arched flues and through these to the combustion chamber, when with a low fire the valve is to a great extent closed. The passages can be controlled by dampers. If the grate surface is quite covered and an intense fire is required the valve must be fully opened. By this means a large quantity of air enters the ash pit and passes through the air flues into the arched flues above the fire and through the apertures into the combustion chamber.

This process keeps step with the development of the fire in the combustion chamber. When a slower fire is desired the valve is more nearly closed, the supply of air is less, and, therefore, the fire is lowered. With a slower fire less smoke is produced and less air is required to burn it.

The Sichert system is being used extensively in Carlsbad. It was first installed at the municipal slaughter-house, and after twenty-seven months' constant use the chimney is unstained by soot or smoke. About sixty kitchens in the city have been equipped with smoke consumers. This is an absolute necessity in the large public gardens, where thousands of people are served refreshments each day during the "cure" season. There are no volumes of smoke to harm the trees nor soot to soil the white dresses of the ladies.

The boilers of the Elizabethbad, the newest municipal bath-house, have been equipped with the Sichert apparatus. Here the poorest quality of Falkenau coal (a soft lignite) is used, and the chimney is smokeless. It would be impossible to use this grade of fuel without the consumer, as the bath is in a small park in the centre of the city. As a matter of economy it may be mentioned that the city saved enough on its fuel bill at this bath in six months to pay for equipping the two boilers.

The system may be used on locomotives, and several American railroad men and coal mine owners who have visited Carlsbad recently are enthusiastic over the possibilities of the top-draft system.—Camden Daily Courier.

Milk Inspection.

The Department of Health of New York City announces that it has decided to abolish within a few months the present grading of milk sold in the city, and to create instead the three grades A, B and C. Grade A milk will be intended especially for the feeding of infants, and will be certified, guaranteed, or pasteurized according to special regulations of the department. Grade B milk for ordinary drinking purposes will be that of known origin, though not of the highest percentage of fat, and milk pasteurized according to the ordinary regulations of the department. Grade A milk will be sold only in bottles; Grade B milk will be sold either in bottles or in containers, but will not be dipped. No milk inferior to these grades is to be sold for drinking purposes. Grade C milk is to be known as "cooking milk," and will comprise all other milk complying with the departmental regulations. It will be sold from cans or in bottles.

Club Practice Degrading.

The physicians of Laporte, Ind., are to be congratulated on the stand they have taken. It is to be hoped that their opposition to this vicious lodge-practice business will be so thoroughly successful as effectually to put a stop to any further efforts along that line in Laporte. The experience of physicians in that city should serve as a warning to the members of the profession, and especially to county societies in every part of the country. There is no possible argument by which such prostitution of the profession can be justified, either from the standpoint of the physician or of the patient. The only person who can possibly profit by such an arrangement is the middleman, who, if he can reduce some shortsighted physician to a state of peonage and farm out his "professional services" (God save the mark) for $2 a year to gullible members of the laity, who may be overcome by their bargain-counter proclivities, may realize a handsome income. To any one else such an arrangement can only result in disappointment. It is to be hoped that in every community in which effort is made to secure the services of physicians on such ridiculous terms, members of the local profession will follow the example of the Laporte physicians and settle the matter promptly and finally.—Jr. A. M. A.

"606"—Caution Regarding Reports On

We think it in order to caution the profession at this time, when the use of Ehrlich's "606" is about to be enthusiastically taken up in this country, against publishing conclusions concerning its curative effects until the lapse of a year and a half, during which the Wassermann reaction has been negative, in each case in which it has been employed. Otherwise the reporters of results should await the passage of a very long period of freedom from clinical manifestations of syphilis.—Critic and Guide.

THE JOURNAL

OF THE

Medical Society of New Jersey

MARCH, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

PUBLICATION COMMITTEE:

Wm. J. Chandler, M. D., Chairman, South Orange
Edward J. Ill, M. D., Newark.
Ellis W Hedges, M. D., Plainfield.

Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

PRIZE ESSAY.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the component (county) societies.

The subject this year is

POLIOMYELITIS ANTERIOR.

The Essay must be signed with an assumed name and have a motto, both of which shall be endorsed on a sealed envelope containing the author's name, residence and component society. The essay shall not contain more than 4,000 words and must be based on personal experience as well as on the study of the literature of the subject, especially with reference to the early clinical manifestations of the disease and its treatment; be characterized by clearness and conciseness of expression and be, in the judgment of the committee, of decided value to the members of the society and the profession generally. Failing in this respect, no award will be made.

The essay, which should be typewritten, with the sealed envelope, must be in the hands of the chairman of the committee—Dr. J. D. McGill, 16 Gifford avenue, Jersey City—on or before May 1, 1911. The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars; to the second, a gold medal of the value of fifty dollars.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essays will be the property of the society and will be published in the Journal.

John D. McGill, Chairman, Jersey City.
David C. English, New Brunswick.
Stephen Pierson, Morristown.

President Mackenzie, of our State Society, has made the following excellent appointments to fill the vacancies occasioned by the death of Dr. Charles J. Kipp:

Dr. John D. McGill, of Jersey City, chairman of the Committee on Prize Essays; Dr. Edward J. Ill, of Newark, as a member of the Publication Committee.

COUNTY SECRETARIES.

The following letter was recently addressed to the secretaries of the county medical societies of Texas by Dr. E. F. Cooke, president of the State Association of County Secretaries of Texas:

TO COUNTY SECRETARIES.

"Now is the Time for All Good Men and True to Come to the Aid of the Party." That sentence has been used for practice almost since the introduction of the typewriter, because it contains practically all the letters on the keyboard, and it has been hammered out, time after time, without the least reference to the depth of meaning it contains. It is a very good sentence for us secretaries to keep in mind, for the reason that, while the sentence has special meaning for politicians when elections are due, there is not a time when it does not apply to us. To show my meaning more plainly, the sentence can be written: Now is the time for all good secretaries and true to come to the aid of the society. The "now" is all the time. There is not a minute of the day or night when it is not the time for us to be working in the interests of our organization. There are some special times, however, when good work counts more than other times. As the summer draws to a close and cooler weather is upon us, so does another year draw near. Now is the time for all good secretaries and true to hustle for new members. Get them into the fold before winter with its icy blasts and pneumonia gets them. See that they are safe within the protecting arms of organized medicine before they

congeal into solid blocks of ice. Some of the members of the profession are now too cold for their own comfort; approach these with a warm invitation and thaw them out.

My dear secretary, are you giving the best that is in you to your work for the society? Are you in season and out of season doing all that you can? If not, why not? You were not elected because of your good looks, but because the members of your society thought you big enough to fill the office. If you were to resign now would you be re-elected? Have you striven to establish such a record for work that your successor will have the hardest kind of a time keeping up to the standard you have set? If not, why not? I can't believe that all of the members of your society were mistaken in regard to your ability. Anyhow, you have still time to make good. Go at it, it's up to you. If your society is not doing good work, it may be your fault. Of course, we all fall down once in a while, but it is foolish to stay down. There is not a county secretary in the State that has done his full duty; I haven't and you haven't, but there is a wide difference between trying and not trying.

Another thing, have you seen that your society has paid your dues of one dollar to the State Association of County Secretaries? If you have not, write a letter to me, or to Dr. Nash at Dallas, either enclosing a dollar, or asking for further particulars. Also, get your lines working to be with us at Amarillo next year.

I shall be very glad to receive letters from the secretaries in regard to their problems, and will do my best to help in any way that I can.

Yours for hard work. etc.

As editor of the Journal and also as president of the New Jersey Association of Secretaries and Treasurers we are pleased to state that we do not have to use such vigorous language in addressing our secretaries in New Jersey, as he recognizes the marked change for the better in their work during the past year and believes that *they* are recognizing the great need of more thorough organization of the medical profession and also the fact that that end is to be largely secured by their effort to increase the membership, attendance on and good work done by the county societies. These men should be encouraged and sustained by every member of the county society. We commend the action of some of the societies in relieving them from payment of annual dues and also paying their actual—necessary—expenses in attending the annual meeting of our State Society, at which every secretary should be present. The work of the efficient secretary is no easy task. He has to prepare for the meetings; be present at all of them, whether convenient or not; arrange in an orderly way the business to be transacted in order to make the sessions interesting and profitable; record and preserve the minutes and then the larger work of correspondence and the carriyng out of the various lines of detail work between the times of meetings, in building up the society and increasing its power and influence.

All this requires far more thought and time than the members generally imagine. *The efficient secretary should be counted worthy of double honor, and through the co-operation of the entire membership his work should be made as easy as possible.*

THE PREVALENCE OF PELLAGRA

Dr. J. W. Babcock, superintendent of the State Hospital for the Insane, Columbia, S. C., has an interesting paper on this subject in the *Journal* of the South Carolina Medical Association, September, 1910, in which he estimated the existence of 3,000 cases in 30 States and the District of Columbia, and that 5,000 cases have occurred during the last five years. The States showing the greatest prevalence are Georgia 760, South Carolina and Louisiana 500 cases each. Only one case is given for New Jersey and that one is classed as "imported." Its prevalence in the State institutions in the South is noted. In South Carolina last year, out of 605 admissions, 92, or 15 per cent., had pellagra, and there were 68 deaths, and in Louisiana 85 per cent. were in State institutions. The death rate is noted as especially high among the insane and the disease is now being recognized as a cause of insanity.

Dr. Babcock believes that the disease has existed in this country from the time of our Civil War and that it was prevalent in Andersonville, Ga., Prison. It is said to have been recognized and called pellagra in South Carolina in the early seventies, yet until about two and a half years ago it was "but a shadow of a name to most of us." Dr. Babcock gives the following conclusions:

It is now established that pellagra in the

United States extends from the Atlantic to the Pacific, and from the Great Lakes to the Gulf of Mexico. The disease is, therefore, no longer merely of academic interest to the American physician, be he alienist or neurologist, dermatologist or general practitioner.

It is probable that pellagra has occurred sporadically in this country for forty or fifty years, but it is certain that for the last three or four years it has appeared in epidemic form.

Numerically its prevalence cannot be accurately or even approximately stated, but its wide geographical distribution emphasizes the need of vigorous, intelligent investigation into its causation, prevention and treatment on the part not only of the medical profession but also by both State and Federal Governments.

In the statistical table which Dr. Babcock gives, while New Jersey is stated as having had last year only one case and New York only three, we need, as Dr. Babcock says, to study its causation and diagnosis, and also methods of prevention, to avoid largely increased numbers in the future. While the vast majority of cases have occurred in the South, the number is increasing in the Northern States. Massachusetts had 3 cases and Pennsylvania 33, while in the West, Illinois is reported as having had last year about 250 cases.

FOOD IN ITS RELATION TO GROWTH AND DISEASE.

One of the difficult problems which confront the graduate in medicine as he begins his professional life is that concerning the proper food for the infant when the mother's milk fails or, for any reason, is contraindicated, and he is tempted to try and frequently change the numerous formulæ of modified cows' milk or resorts to Malted Milk, Mellin's food, or other prepared foods. While in many cases these are satisfactory, he soon finds that none of them continues to give satisfactory results in the majority of cases and he tries the various methods of feeding suggested by the numerous authors of papers in medical journals, which are often confusing in their variety of suggestions and are at variance one from another.

Then there is the growing child and the problem is, What is the proper food to insure the normal development and growth of the child's bodily and mental powers? The child's environment and the parent's lack of care in following correct advice as to diet, tend to make that problem the more difficult. But the problem most difficult of solution to all physicians—young or old—is that of proper diet in the treatment of functional disorders and organic diseases, and we are constrained to believe that the proper solution of the question of dietetic treatment often decides the success or failure of the physician in the general method of treatment by medicines or other appropriate measures. It is one of the opprobriums of our profession that we have no general agreement as to the proper dietetic regimen for the maintenance and increase of physical and mental vigor, and especially in the treatment of diseases that require correct and nicely adjusted judgment, e. g., in typhoid fever, diabetes and the many disorders of the digestive system. We too often, without proper reflection and judgment, endorse this or that fad, going first to one extreme and then to the opposite unscientific dictum, or, worse still, allow the commercialistic manufacturers of proprietary preparations to suggest treatment, when we, as scientific physicians, should know and prescribe what the case in hand requires.

We believe that infant mortality would be very largely reduced by greater accuracy in diagnosing abnormal digestive conditions and better knowledge of the proper dietetic management in correcting these conditions —often giving less medicine and sometimes little or no food for a brief season. We fear that many lives, of young and old, are sacrificed in illness by failure to carefully adjust the dietetic treatment of the patient to the requirements of the individual case.

More thorough instruction is needed in our medical colleges on food in its relation to health and disease and especially, in connection with other methods of treatment, in diseases which require special dietetic management. We need more thorough and practical presentation of this feature of treatment of disease by authors of text books on the practice of medicine. We note with approval that a new work has

been issued by the W. B. Saunders Company, entitled Practical Treatment, edited by Drs. Mussey and Kelly, which contains a valuable chapter of 70 pages on The General Principles of Dietetics, and another chapter of 48 pages on The Dietetics of Infancy. Of course, the text book gives *general* principles which require discriminating judgment in their application to the individual case, with its varying complications and the patient's whims and idiosyncrasies, and the scientific practitioner must give careful thought and attention to these varying conditions in deciding the dietetic as well as other measures of treatment.

We are compelled to disappoint some authors in delaying the insertion of their papers in this issue of the Journal. We have been unable to have them set up and give the proof our own and author's revision in time. We acknowledge the receipt of papers recently from Dr. W. W. Kain, of Camden, and Dr. H. J. F. Wallhouser, of Newark, the latter on Ehrlich's "606" with report of several cases treated.

STATE SOCIETY BUILDS A HOME.

Editorial in The A. M. A. Journal, Nov. 5th.

After years of homeless wandering, the Rhode Island Medical Society, one of the oldest of our State associations, is about to erect a permanent home and library building, thus realizing the dreams of many of the older members. At the last meeting of the State Society, the house of delegates authorized the building committee to purchase, in Providence, a tract of land containing 8,000 square feet. The plot is admirably located, facing the extensive grounds around the State capitol building and bounded on one side by the State normal school grounds. It is near to the union railroad station and is conveniently situated for the members of the State Society. Plans are now being made for securing the necessary money for a building. As has been frequently pointed out, either the man or the organization that is homeless is hampered and is prevented from doing the best work possible. The tendency on the part of our State associations and some of the larger local societies to establish permanent homes and to secure buildings of their own is most commendable. Too often, in the past, in our efforts to be of public service, our own interests have been overlooked. It is a cardinal duty of every man, whenever possible, to provide a home for himself and for his posterity. This duty is also incumbent on medical organizations. In no way can the stability of our medical organizations in future years be so well assured as by acquiring real property and erecting permanent homes. This may not be possible or practicable for all State associations, nor even for all of the larger local organizations, but it is a splendid achievement whenever it can be accomplished and greatly strengthens the organization.

TRIBUTE TO DR. C. J. KIPP.

To the Editor of the Journal of the
Medical Society of New Jersey.

Dear Doctor:

I would like to add my mite of respect to the memory of the late Dr. Charles J. Kipp.

When I was eighteen years old, a private soldier in the Confederate Army, I was a prisoner of war in Camp Morton, Indiana. In October, 1863, I suffered from a severe attack of pneumonia, and through several weeks of painful illness was as tenderly cared for by this good man, who was then a surgeon in charge of the hospital at Camp Morton, as if I had been his brother.

Many years after I had settled in New York, I learned that Dr. Kipp was still living, and lost no time in calling upon him in Newark to show my appreciation of his great kindness to me. A friendship was then formed which continued throughout his life, and its pleasant memories will continue as long as I live.

When I was president of the American Medical Association, at the Saratoga Convention, in 1902, it seemed a strange coincidence that Dr. Kipp was a member of the House of Delegates from the State of New Jersey, and that I entertained him as my guest, at the table of my own family. He was one of "Nature's noblemen."

Yours sincerely,

John A. Wyeth, M. D.

New York City, Feb. 13, 1911.

SOMERSET HOSPITAL STAFF'S TRIBUTE.

At a meeting of the staff of the Somerset Hospital following the death of Dr. C. J. Kipp, of Newark, the following minute was adopted:

The members of the medical and surgical staff of the Somerset Hospital desire to express in this manner their sorrow at the death of Dr. Charles J. Kipp, consulting opthalmologist and otologist, and its appreciation of his personal character, professional attainments and many kindnesses to the hospital and to the members of the staff individually.

H. L. Kaucher, Secretary.

STERILIZATION OF DEFECTIVES.

The committee appointed by the State Conference of Charities and Corrections to consider better methods of caring for the insane, at a meeting held in Trenton, February 15th, decided to advocate a law authorizing the sterilization of defectives. With the help of Assistant Attorney-General Gaskill a bill was prepared providing such treatment for idiots, feeble-minded, imbeciles and epileptics. The committee was in favor of extending the measure to include those convicted of rape and those who have become confirmed criminals, but there was some doubt expressed as to legal questions which might arise, and there will be further consideration of the subject before criminals are added to the list.

Laws similar to that proposed are in successful operation in Connecticut, Indiana and Illinois, while similar measures are pending before the Legislatures of Pennsylvania, Wisconsin, Oregon and California.

Dr. H. F. Weeks, superintendent of the State

Village for Epileptics, told the committee he had never heard of an instance in which an inmate of an institution had raised legal objections to the operation. On the contrary, many of them, conscious of their weakness, had made voluntary applications for the treatment.

THE SOCIAL EVIL, AND ITS RELATION TO THE PUBLIC HEALTH, FROM THE MEDICAL STANDPOINT.

Read at the annual meeting of the New Jersey Sanitary Association, Lakewood, December 3 1910, as part of the Symposium on "The Social Evil."

By Thomas N. Gray, M. D.,
East Orange, N. J.

The history of this evil is as old as is the history of mankind. Because of its character, at times entering even into the religion of the period, sometimes simply tolerated, and again countenanced by incorporating license into the church's liturgy, and because to-day it invades society from the lowest to the highest stratum, have the diseases consequent on it been unchecked, although known to be infectious and therefore classed as preventable.

The history of these diseases is almost coincident with the history of the evil. True, not authenticated beyond the Levitical writings, but surely if recognized then the inference of greater antiquity is warranted, especially when we recall the Mosaic law, "The iniquities of the fathers shall be visited upon the children;" for no iniquity of the father so strikingly upholds the law, as no other casts so black a shadow on the coming generation.

No other disease extends itself to such vicious and widespread effect upon the unborn descendants as do these willful diseases, "willful" because they do not come to mankind unbidden, as do other infections, but are those which it goes out to meet and to embrace when it partakes of forbidden fruit.

The twin diseases accompanying the social evil are not responsible for many deaths, due to their immediate effect. Syphilis, however, has a dark record in this respect in the past. In the fifteenth century it developed a malignant type and the mortality was the equal of any pest or plague of which there is record; and one result of Captain Cook's landing on the Sandwich Islands was an almost complete depopulation by this disease.

Physicians, and possibly sociologists, know the widespread and far-reaching influence of these diseases. While one has lost its malignancy, neither has lost its power of protean manifestations. Osler's word-picture of syphilis is so graphic that I quote it:

"There is no organ in the body, nor any tissue in the organ which it does not invade; and it is, therefore, manifestly difficult to speak, at least at all concisely, of the pathology of the disease; just as it is almost impossible to describe its clinical symptoms without mentioning almost every symptom of every disease known."

This for its direct effect. Secondarily, it is given as having a part in the etiology of the greater number of known diseases, is the sole etiological factor in a large percentage of cases of locomotor ataxia, and the general paresis of the insane, and in not a few cases of brain softening. Insurance statistics give it the credit for fifteen per cent. of the deaths among the insured, reckoning it as the cause, if it has been a causative factor, in the development of the fatal disease.

If this is the case with assured risks, what must it be held accountable for among the impoverished and ill-nourished? And it does not end its work here. The awfulness of the disease would be lessened, did it end with the death of the one originally infected, but the innocent wife is also made the sufferer. If children are born, they come into the world heavily handicapped by the double sin of the father; being born poorly developed, and ill-equipped with resistence to withstand the diseases of early infancy, childhood and adult life.

Fortunate, indeed, it is that forty per cent. of infected women abort! Fortunate, indeed, that so large a percentage of the children succumb to the gastro-intestinal diseases of infancy! Fortunate for one reason, if for no other, because few of the mothers can give support to the infant, and the infected child frequently infects the innocent wet-nurse.

The gonococcus of Neisser is a close second in its wide distribution of tissue-infecting power, in its effect on the constitutional resistance as a factor in other diseases and in its sinister attack on the new-born chld. Although the disease which it most often excites is held in contempt by the laity, the clinician has a deep respect for its baffling power to evade remedial measures, and for its ability to invade tissues far distant from its original port of entry.

It visits its most virulent and lasting effect on the Fallopian tubes and peritoneum, being in this way the cause of many cases of sterility; on the bladder and kidneys, the blood, the heart and its vessels, the joints and the eyes. Up to the time of Crede, eleven per cent. of new-born children were affected with ophthalmia neonatorum, and ninety per cent. of these were specific in character.

A European statistician says ten per cent. of the blindness in Europe is due to eye infection at birth. The Committee on Ophthalmia Neonatorum, of the American Medical Association, in 1907, reported twenty-five per cent. of the new admissions to the schools for the blind as due to this disease, and clinically we know that a great majority of these were blind because the eye infection was the gonococcus. This is a short recount of what the social evil is accountable for in suffering, maiming, death and entailment, but I hope though short, that it will leave an impression on the laymen and women present.

While these diseases are included in the preventable class, they occupy a unique position. Other questions beside their effect on health and life entering into the problem of prevention, questions which make them almost, if not quite, impregnable. When we have to cope with an infection alone, given knowledge of its source, its habits, its viability, a combination of medical profession, health regulation, legislative enactment and education of the public can win the battle. But here are two infections which cannot be dealt with in this way, for in the fight, society, from bottom to top, is to be reckoned with, the home to be kept in mind, and, as well, the twist of nature which makes mankind to sin.

State control of the sinner has been tried by many countries. Can any one say that it has

been successful? Legislation has been suggested by sociologists, such as inflicting a penalty for the transmission of these diseases, on the ground that they are bodily injuries. Rather a difficult charge to prove.

Another suggestion is to make the infection of husband or wife sufficient evidence to give a divorce decree. Still another, to require every applicant for a license to marry to present a certificate vouching for freedom from venereal diseases. I fear this would make a class of medical men, like the ambulance-chaser and abortionists, men who would sell their profession for a mess of pottage.

A very pertinent suggestion is for the examination of men where they are congregated in masses. This would be feasible in the army and navy, both prolific sources of infection. While all these suggestions are sociological, I mention them because, while they are such, they would require the services of the medical profession. I hope the question of education along the line of settlement work, mother's associations, mother and school associations and similar avenues will be discussed.

What can the medical profession do toward prevention? A prominent teacher suggests the better equipment of the young physician for treating these diseases; and looking to this end, advocates a compulsory three months' special course and a rigid examination as a necessity for graduation. The Council of Education of the American Medical Association might take this up, and with it the question of having those medical schools not at the present time sustaining a chair of venereal diseases, establishing one.

There has also been a suggestion that these diseases be made reportable to the Board of Health. The great objection to this is that it would deter many from going to a qualified physician for treatment, and a consequent increase in the number going to charlatans, with a greatly lessened chance of recovery.

Some day one of the great investigators may be able to give to the world a protective vaccine.

What can the medical man do personally in the daily round of his work to help along prevention? The vast majority of physicians are physicians, indeed, actuated in their daily work by the spirit of medicine, a wide humanitarianism. This leads them to daily deeds of self-sacrifice, even to the limit of giving life, in the quest for knowledge which will be of benefit to their fellowmen. As a unit, the medical profession has always been at the front in the work of advancing preventive medicine.

It advises and urges legislation for pure food, pure water, pure milk for babies and for all sanitary measures for person and community. It is first in the effort to safeguard the hamlet, town or city, if epidemic infection visits it. When infection enters the home, safeguarding the well stands equal with caring for the patient. Where does the fault lie that, when the physician has knowledge of venereal infection, his attitude is reversed? Neither community nor family is safeguarded. Is this tying of the tongue one of the ethics of medicine, coming down through generation after generation? Or is it a custom forced on the profession, possibly by kingly or priestly edict, because of scandal in high places?

Whatever the origin, the ethics of the profession, or the dictate of society, the effort of the physician to limit the infection is confined to directions to the patient. He warns the young man of the dangers attending the social evil; he portrays, as forcibly and vividly as he can, the results of the acquirement of one of the venereal diseases; he plays on the element of fear; he appeals to their manhood, and urges a life of chastity, only in many instances to have the proof presented that appetite and desire have gained the ascendancy over fear and all of the better elements of character.

A husband comes to us with a venereal disease. He gets a picture of the dire results to not only wife but to unborn children as well, if he takes the chance of transmission. Draw the most vivid picture one can, how often does the futility of advice come home to us when we deliver the immature child, or, if mature, the poorly developed, low-resisting infant, bearing all the marks of the personal equation looming large!

The medical profession has not been negligent in this direction. I doubt very much whether any physician ever fails to utter the word of warning, or to give thorough directions for the prevention of transmission, to every patient he treats; but he knows while he is so doing that he is treating with a man who, by his necessity for treatment, confesses depravity; and knows, too, from experience, that this depravity, in many instances, is so base that it pays no regard to the caution given. The physician recognizes, as does no one else, the awful results that follow in the wake of the social evil; and recognizes, as well, if he is honest with himself, that this vice permeates society through all its strata not only because many men—and yes, many women, too—are vile, but as well in part because these men and women in society know that the confidence given to the physician goes no farther.

Does a man drink, it is known. Does a man steal, he is apprehended and publicly punished. Does a man commit assault, he is brought before the bar of justice. But does a man contract a venereal disese, which makes of him a point of infection of the vilest and worst character, the fact is hidden. Is a man or woman known to be a typhoid carrier, surveillance is the order. Does a child contract diphtheria, it is quarantined. But the man or woman carrying a venereal infection, an infection which is a blight, reaching out to the next generation, and perhaps to the third and fourth, he or she is not held under observation, is not quarantined, the family is not safeguarded, but the safeguard of silence is thrown around the one infected.

Whether exposure, with its possibility of breaking up the home, would have any influence toward suppressing the vice, is questionable. It would, however, keep the infection from the home, and, possibly, some day the public conscience will demand such action by the physician. If that day should come, the rank and file of men and women in the profession would be found to have possession of the courage necessary to take the step, which would lead to an upheaval in the higher walks of society such as the world has never witnessed.

When the infected person is a young man, who, disregarding the prohibition placed on him, proceeds to carry out his preparation for marrying, I believe the physician ought to interfere. And if the threat of exposure does not deter, he should inform the parents or guardian. He

would do this if the infection were tuberculosis. Why strain at a gnat and swallow a camel? The physician could protect himself by a blood and bacteriological diagnosis.

In the fight against tuberculosis, we have made the mistake of too prominently presenting its curability. It is a peculiarity of our makeup that the danger we do not fear we are careless about. Men are living on the side of Vesuvius, planting and tending their vineyards. The possible curability of tuberculosis has made many careless in regard to preventive measures.

In the fight against the diseases of the social evil, let us not preach cure. Rather let us play on fear. Accept, if need be, the dictum of some prominent syphilographers, "Once a syphilitic, always a syphilitic." It is undoubtedly true that many men, if assured of this, would shun the danger who would not do so if assured that the disease is curable. Personally, I deprecate the wide magazine and newspaper publicity that has been given to "606." No positive proof of the permanence of the claimed cure can be given from so short a period of observation. Three, six, nine, twelve months, without symptoms or blood reaction, with the knowledge we have of the slow-moving, deliberate poison, do not warrant the decision of cured, and the wide exploitation of this drug, and the claims for it, will make many men plunge into excesses who are now curbed by fear of contagion and its consequences.

A long step forward in the control of these diseases would be the establishment of dispensaries and the use of a ward in hospitals for their treatment. The medical profession confesses, so far, inability to cope with these infections in such manner as to get appreciable results in the way of prevention. Given the dispensaries and hospital wards, physicians will make their best endeavor to get them.

Personally, while naturally optimistic, in respect to the social evil I am pessimistic. It runs hand in hand with the drink evil; both gain their habitues through unrestrained appetite; and legislation, education, advice, fear and appeal to conscience are almost negligible in the fight when appetite and desire are not controlled by the personal possession of the grace of God. And, this being so, the curtailment of the venereal disease lies largely in an uplift in the morals of society, and this uplift must come through the pulpit, as the exponent of the only power which can lead men and women to live right, to live clean, and through those outside the pulpit who are arrayed with the Man of Nazareth.

The Social Evil and Its Relation to the Public Health.

Letter from Howard A. Kelly, M. D.

The following is the letter sent by Dr. Kelly, of Baltimore, Md., to Dr. Alex. Marcy, Jr., who arranged the symposium on the social evil for the last annual meeting of the New Jersey Sanitary Association at Lakewood, December 2 and 3, 1910. It was written hastily when he found he could not be present to discuss the subject, as he expected to be:

Dear Dr. Marcy: I write to express my deep interest in the cause of purity you are considering at your State meeting.

It is a refreshing sign when our doctors are willing to acknowledge their responsibility for the public morals.

The chain of the argument is but a short one.

1. Doctors must, if they can, trace diseases to their source, and must then seek to eliminate the cause, whatever it may be.

2. Gonorrhœa and syphilis are alarmingly present and are greatly on the increase.

3. Gonorrhœa and syphilis are diseases purely under control of the will. They would be wiped out of existence in one generation if illicit intercourse would cease. They are the penalty, the scourge of immorality.

4. The physician must do all he can to check immorality and to promote morality—whatever the means it may be necessary to employ.

How may we attack this great problem, how cleanse this foul sewer?

First of all, what has been tried?

The system of regulation has been tried in Europe and has failed utterly. This is the system every one naturally thinks of and turns to at first. It is very specious and looks well, but it fails—read my pamphlet. The American Purity Society will not even allow it to be discussed on their program, because time is too precious to be wasted over worn-out experiments.

What have we tried in America? A policy of absolute indifference and neglect of this great subject. We have done nothing until the past few years.

What ought we to do?

First of all, to undertake an educational campaign, instructing ourselves and the public. Each man must recognize his personal responsibility to every man, woman and child he can influence. We must be ready to talk about these things, and no longer go about speaking of them with bated breath. The best way to perpetuate any deviltry is to say it is too awful to be talked about in polite society. That is the devil's best card.

We must see that instruction is given in schools and colleges.

All this is important, but two things remain without which we can make no headway: (1) We must recognize the fact that this immorality is close kin to all other acts of immorality, and unless we adopt the same attitude toward all, and preach and live out a code of civic moral righteousness, we will fail utterly. (2) We must begin to teach morals and righteousness in our homes to our little children. Fathers and mothers must be more with their own children and hold their love and their confidence and train them up to love righteousness and to hate iniquity.

Lastly, dear doctors, colleagues and personal friends, there is but one great constraining principle which can work such mighty changes and purify this nation, and that is a living faith in Christ, which we so often profess with our lips, but find it hard to live.

Give my kindest regards to all present.

Yours sincerely,

Howard A. Kelly.

The Hookworm in Samoa.

In the annual report of Captain Parker, U. S. N., Governor of the American Samoan Islands, it is stated that uncinariasis is extremely prevalent in the islands, no less than 85 per cent. of the natives being affected. The disease was discovered accidentally by a naval medical officer and an investigation was then instituted which led to the finding of 5,700 cases among the native population of 6,780.

Editorials from Medical Journals

Commercialism of Optometry.

Editorial from American Medicine.

The commercialism of optometry is the inevitable result of the recent law legalizing the medical practice of "business" men. The new Keystone Journal of Optometry openly states that one of its purposes is the exploitation of the commercial side and it seems to cater to opticians instead of oculists. There seems to be little dissent from the growing opinion that the law was a grave blunder inimical to public health. It is certainly a step backward in the present crusade for a better education of all practitioners in their specialties. Now that the dental and pharmaceutical professions have succeeded in establishing courses of study something more than elementary in medical branches, it is disheartening that the public will permit this new departure in a specialty needing more medical knowledge than a capable dentist possesses. To refract eyes properly, one needs to know all the things which cause poor sight, and not merely some mathematics. We strongly suggest the organization of special courses, at least as extensive as for dental students, somewhat on the plan of those proposed for public health officers and sanitary inspectors. There is no doubt that a man may become a safe refractionist even if he has devoted no time to the thousand and one things demanded of students designing to specialize in surgery, but the mere optician knows nothing at all except "business." We have always approved commercialism in its place, for therapy is immensely indebted to the commercial houses which have developed new remedies, but these men do not presume to practice. Optometry is commercialism out of place. After ignorance has ruined some men's vision, perhaps public opinion will revise itself and the law, too.

The "Optometrist."

Editorial in the Wisconsin Medical Journal, February, 1911.

Does He Desire to Practice Medicine? If So, Should He Not Be Subject to Medical Laws?

The optician will come before our Legislature this winter with the request that he be legally given a new name—"Optometrist"—so that his store can become an office and his customer a patient, or his itinerant work have State approval in an unusual degree. He claims that he is a professional man and seeks to have the State give him, by statute, what he has not earned by study. He would thus become a medical man, but without the examination as to his educational qualification which is required by the State in all other cases where the public health and general good is at stake.

Optician — Optometrist — Optomostanything! "Pigs is Pigs," he cries, "I want to be a doctor." He does not want to spend four years in study and earn the title, not he—there's an easier way; and besides, as yet, you will remember, he is a business man. So he comes before the Legislature, his ten or fifteen dollar diploma ("16x28") in hand and asks that he be made a "Doctor of Optometry." He asks that he be made scientific by law before he is educated by study. He wants degrees, not education.

This so-called science is the only one which would absolutely nullify all educational requirements. They are quoted officially as saying that they need legislation in order to get education, whereas every profession heretofore has first secured the education. The other professions have schools and had them long before State regulation and registration went into effect; these people have none and the American Optical Association has never been able to establish one.

Our Attitude Toward Optometry Legislation.

Editorial from the Texas State Journal of Medicine, February, 1911.

We do not in any sense recognize the claims of the opticians for special legislation, granting them the right to treat the eye, whether by simple refraction and the application of lenses or by medication. We hold this work to be essentially a part of the practice of medicine and would deny any but the medically competent the right to practice this as well as any other sub-division of the whole. We do not concede that the optician has the same right to practice this specialty that the dentist has to practice dentistry. The cases are not at all parallel; one could cleanse the mouth and teeth with comparative impunity, where the eye might suffer irreparable injury by the same degree of ignorance and incompetency. Besides, the dentist is compelled to take a fair amount of general and special instruction in his own field before he is admitted to practice, whereas the optician has heretofore had little, if, any, real instruction in the physiology and pathology of the eye, and the interpendence between its functions and those of the general economy. That one competent course of instruction is being now offered those who would engage in this specialty is beside the question; we cannot afford to discount the future, and must advise on conditions as they exist to-day, or at the time the proposed law would become effective. We would be false to our traditional care of the helpless public if we should agree to the licensing of the thousand and one merchants, spectacle vendors and so-called opticians, who would doubtless secure exemption at the time the law became operative granting them the right to tamper with the eye, and to say who might hereafter follow in their footsteps.

Granting their contention that they do not wish to enter the practice of medicine in any particular, but only to refract the simple, non-pathologic cases, we would ask by what sign they would know the simple from the pathologic case; whether they have had training sufficient to warrant them in passing judgment on such cases, and whether they would be practicing medicine within the meaning of the Medical Practice Act if they did so diagnose a case, properly or improperly. In regard to their real intentions, or at least the ambition of some of them, the following extract from an address delivered before the Tennessee Optical Society recently, which we borrow from the excellent article by Leartus Connor, Detroit, Michigan, in the Kentucky Medical Journal (Jan. 1, 1911), will be of interest:

"The greater part of ophthalmology is eye diseases and their reflexes. Here is another

field to exploit, and we propose to invade it. Nor do we intend to stop here. There is still another field to invade and it shall be ours, namely ophthalmic surgery."

Note.—This is after taking; such a statement would hardly be made before the passage of their law. The twenty-four States that have granted special laws governing the practice of "Optometry" have evidently realized that an effort would be made to invade the practice of medicine, and all manner of restrictions have been thrown about that point in practically every law on that subject. That such restrictions have amounted to little may well be anticipated, and the above quoted exemplifies the folly of granting an inch where an ell is sure to be demanded.

If it can be made to appear that there is need of such a specialty outside of the regular practice of medicine, we might be open to the suggestion that the privilege be granted those who may demonstrate to the satisfaction of our State Board of Medical Examiners that they are fully competent to diagnose eye disease, and that they know enough not to attempt to treat the same.

Functions of the County Medical Society.

Editorial from the California State Journal of Medicine, December, 1910.

Many of its members look upon the preparation and presentation of an adequate scientific program as the sole function of the county society. Such a view is short-sighted in the extreme. The functions of the society are many and arise from (1) the relations of its members one to the other, (2) the relation of its members to the community. From the first set of relations arise the functions that arrange for exchange of experience, information, and clinical programs, and lays down rules for courteous and fair relationship between members in ethical codes, and means for enforcing the codes by committees of ethics.

A much neglected but essential function that also arises from this relationship of members, one to the other, is the encouragement of social intercourse. Without some machinery for bringing its members together in their lighter moods, the society fails in an important part of its duties. Luncheons, annual dinners, and an occasional smoker should be included in the society's plans as of equal importance with scientific programs. Many of the fogs engendered of jealousy and back-biting would fade under the sunny influence of understanding acquaintanceship. Solidarity and power can only come to a society by the cultivation of a generous knowledge, and appreciation of one another among its members.

Neglected as this function of the society usually is, it is far less in abeyance than the functions that arise from the relations of the members to the community. These should receive equal thought with those of the first group; because the dignity of the profession depends on its assuming and fulfilling its duties to the community, and the living and comfort of most of the society's individual members, especially in a city, depend on the society's willingness and ability to make the community deal intelligently and fairly with the society's constituents. Emphatically, it should be the policy to take active interest in matters pertaining to the public health, without in any way entering into partisanship, to uphold and commend good work done by the departments of health, and equally to condemn any steps that such departments might take detrimental to the community's good. Equally it should be the policy of the society to heighten the regard of the community for the attainments of our professions by inaugurating through newspapers and by popular lectures, education in what medicine has done, and is daily doing to alleviate suffering, and to aid humanity. Further the society should provide some practical means of enforcing the community's obligations to its individual members. There should be some definite plan devised and put into action to prevent the abuse of club and hospital contract practice, and action should be taken by every county society to insist that patients who contract for physicians members' services, if able, should pay for them, and render it impossible for the wilful swindler to steal from doctors one after another their time and labor.

If our county societies realized and practiced only this few of the many legitimate functions, it would not be long before the membership would include all the practitioners of their community.

The Vanishing Income of the Physician.

Editorial from the Medical Record, December 3, 1910.

It is a melancholy fact that as the cost of living has increased in this country so have the earnings of the medical profession decreased. This phase of the situation was dealt with at some length in an editorial which appeared in the Medical Record, February 26 of this year. The whys and wherefores of the decrease of income of American physicians are fairly obvious and, perhaps, until the causes are removed, it is somewhat futile to discuss the matter. The overcrowding of the medical profession is doubtless the chief cause, and the abuse of medical charity is another cause which must be considered. Furthermore, the effects of modern preventive medicine in lessening disease have reduced the possibilities of earning money by curative and remedial efforts. It is an easy matter to prove that the medical profession in America is overcrowded. In France, which has a population of 37,000,000 or so, there are only 17,000 medical men all told, and in England, with a population of more than 40,000,000, there are about 32,000 medical men, while this country and Canada, with perhaps nearly 90,000,000 people, have more than 120,000 physicians. This proportion is preposterous and the natural consequence is that a considerable proportion of American practitioners have hard work to keep the wolf from the door.

It is not the intention at this time to debate remedies for this parlous condition of things, but the statement is reiterated that pari passu with an increase in the cost of living the physician earns less than he earned some few years ago. There is also another aspect of the case which deserves attention. In all countries the medical man has more difficulty in collecting his just dues than has the member of any other profession or trade. This statement may be applied with greater aptness to America than to other countries. It is more customary here for general practitioners to give credit than for

those of England or France, for instance. The entire practice of medicine here is based on the credit system. When a person is sick the practitioner is sent for without, as a rule, a thought of the expense. The physician generally goes as a matter of course. The individual recovers or dies, as the case may be, and when the bill for attendance is delivered, it not infrequently happens either that it is not paid promptly or that attempts are made to evade payment. When a person is ill no trouble or expense is too great to ensure or aid his recovery, the doctor then is his rock of refuge, but when he gets well both his illness and the doctor alike are liable to be forgotten. There are some who even shamelessly evade payment; these are those who in the euphonious and pertinent slang are termed "dead beats."

It may then be taken as proven that medical men are very often the prey of careless or designing patients, and it might not be an overestimate to assert that of a general practitioner's annual earnings, almost 25 per cent. will never be collected. The physician is precluded to a great extent by the etiquette of his profession from enforcing payment of his dues in the same manner as members of other professions and trades would enforce payment, and, therefore, he would seem to be almost hopelessly handicapped. The most bitter feature of the position is that those least able to bear loss are the ones who are usually mulcted. The city consultant or specialist in surgery or medicine does not lose much by bad debts, or he does not lose so much in proportion to his income as do the hard-working members of the rank and file. Consultant's fees are paid at the office and it is also the custom to pay for big operations at the time or soon after. But the general practitioner must give credit, oftentimes long credit, and as said before, there are some who never pay him and do not intend to pay him.

PROPOSED BILL TO AMEND THE STATUTES CONCERNING EXPERT TESTIMONY.

Following is the bill proposed by the committee of the Missouri Bar Association to amend the statutes for the purpose of improving the status of expert testimony, especially of expert medical testimony:

An act to amend Chapter 64 Revised Statutes of Missouri, 1899, entitled "Witnesses" by adding thereto six new sections to be known as Sections 4681, 4682, 4683, 4684, 4685 and 4686, regulating the employment, pay, and duties of expert witnesses in civil and criminal causes.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 4681. Any Judge of any Court of Record shall in any cause, civil or criminal, pending before said Court, on his own motion or that of any party therein, at any time or during the trial thereof, when the ends of justice seem to require it and after notice to the parties and a hearing, appoint one or more disinterested skilled persons to serve as expert witnesses therein; provided, that the reasonable fees of such experts, as fixed by such Judge, shall be paid by the party moving for such appointment to the clerk of the court at such time as the Judge shall prescribe; and the fee allowed for the expert appointed by the Court of its own motion shall form part of and be taxed as costs in the cause. In criminal cases in the discretion of the Court, on request of the defendant, expert witnesses may be so furnished at the expense of the State, on such terms and conditions as may be prescribed by the Court.

Section 4682. Such experts shall be sworn to make a faithful and impartial examination of the person or persons, matters and things submitted to them for investigation and opinion, and a true report to render according to the best of their knowledge, belief and understanding.

Such experts shall view and examine all persons, matters and things, read and hear all such evidence as may be necessary for their information, in such manner, and at such times and places, where by attendance at the trial of such cause or otherwise, as the Court shall direct; and report their findings, views and opinions thereon, jointly and severally, in writing to the court wherein such cause shall be pending before or at the trial thereof in such manner as the Court shall prescribe; and such report or reports shall be filed among the papers in the cause, not as evidence, but as a basis for the examination of the expert witnesses who made it by the Court or counsel of either party; and for which purpose such experts shall attend at such trial until excused by the Court; provided, that such experts shall not be deemed the witnesses of either party, but shall be called by the Court, and that any party to the cause may further examine, or cross-examine, any such experts as to the persons, matters, things, views, findings, and opinions contained, mentioned or referred to in any such report.

Section 4683. In any action pending in any of said Courts wherein damages shall be sought to be recovered for any injury to the body or health, physical or mental, of any person, and wherein any expert or experts shall be appointed by any Judge under the provisions of the preceding two sections for the purpose of making an examination of the body and health of the person alleged to have been so injured, the Judge may require the person alleged to have been so injured to submit to a reasonable examination or examinations of his body and health, physical or mental, by the expert so appointed, at such time, and places as said experts may require to enable them to make their report thereon to the Court, and as the Judge shall prescribe; and thereupon such action shall be continued, if necessary, until the examination or examinations shall have been made. And in any such action the Court can upon the application of the plaintiff, require the defendant to permit the attorney of record of the plaintiff with any expert or experts appointed under the preceding two sections to view and examine the place and cause of such injury at such reasonable time and place and upon such terms and conditions as the said Court may direct.

Section 4684. No expert witness shall be paid or receive or contract for, as compensation in any given case for his services as such, a sum in excess of the ordinary witness fees provided by law, unless the Court before whom such witness is to appear or has appeared by its written order filed in the cause, awards a larger sum. Any expert witness who shall directly or indirectly receive or contract for a larger sum than that to which he is legally entitled

under this article, and any person who shall pay or contract to pay such witness a larger sum than that to which he is legally entitled, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine not exceeding one thousand dollars, or by imprisonment not to exceed one year, or both, in the direction of the Court, and may further be punished for contempt.

Section 4685. This Act shall not be construed as limiting the right of the parties to call other expert witnesse as heretofore.

Section 4686. Fees for experts, except as provided in Section 4686 of this article, shall not be allowed as part of the costs in any case, in excess of the fees allowed for ordinary witnesses. Provided, that in cases where either side introduces their employees as expert witnsses, the other side shall be permitted to employ expert witnesses without limitations herein provided for as to fee.

Hospitals, Etc.

St. Francis Hospital, Jersey City.

A beautiful library of 40 volumes was recently presented to this hospital and a local furniture dealer gave a fine bookcase for them. Drs. Mooney, McGill, Crowley, Faison, Salmon and McGovern and others took part in the presentation.

State Hospital, Trenton.

The purchase of 60 additional acres of land for the State Hospital for the Insane at Trenton has been urged by the hospital authorities and is under consideration by the House and Senate Committees on Appropriation.

It is claimed that there are about 300 patients in the institution who could be profitably employed in light farm work, and it is proposed to increase the land holdings of the institution with this end in view. Should the appropriation be secured it is planned to convert the land at present used for grazing into truck gardens, and use the newly acquired ground for grazing purposes.

It is also proposed to expend the sum of $5,000 in the purchase of cows. The board of managers presented a memorial to the appropriations committees in which it is claimed that the saving to the State by producing all the milk necessary to supply the hospital will be from three to four thousand dollars annually. Seventy-five thousand dollars is the amount asked for the purchase of the land and the cows and the erection of a suitable dairy. An appropriation of an additional $2,000 is asked for research work, it being claimed that for the successful treatment of patients it is necessary to look up their history in order to learn the causes that brought about insanity in each case.

Christ Hospital, Jersey City.

In a recent issue of the Hudson Observer an outline is given of a report by experts who made a thorough examination of Christ Hospital. A comparison is made of the work at the Presbyterian Hospital, New York City, and Christ Hospital. The following items are taken from this report:

"The total number of patients cared for at the Presbyterian Hospital last year was 3,583; the total number cared for at Christ Hospital during the same period was 2,218, or 62 per cent. of the number cared for by the Presbyterian Hospital. The number of days treatment in Christ Hospital was 33,118; Presbyterian Hospital, 76,268, or 43 per cent. of the number of days given in the Presbyterian Hospital. We are informed that, because of the great demand for accommodations for surgical cases these are, of necessity, kept only a short time.

"A comparison with several hospitals shows that Christ Hospital does relatively as much emergency and acute case work as general hospitals."

Regarding the finances the following observations are made:

"A point that should be considered in a study of the present deficit is the large percentage of patients receiving free treatment."

Here are 1909 figures, giving the number of days of treatment with the percentages in parentheses:

Private room patients, 5,743 (17.3); ward pay and part pay patients, 11,091 (33.5); free patients, 16,284 (49.2).

"It will be noted that practically fifty per cent. of the patients were treated absolutely free, while the ward and part pay patients average only $6.51 a week.

"Number of patients treated in last fiscal year, Presbyterian, 3,583; Christ, 2,218 (62 per cent.).

"Total days' treatment in hospital rooms and wards, Presbyterian, 76,268; Christ, 33,118 (43 per cent.).

"Total current expenses, Presbyterian, $307,000; Christ, $62,174.98 (20 per cent.).

"According to the published statement of Presbyterian Hospital for the last fiscal year the per diem cost of a private room patient was $6.82, and for a ward patient $3.05. While it is impossible to arrive at the same division for Christ Hospital, it will be seen from the figures given above that the per diem cost of patients in this hospital was but $1.88.

"Patients occupying private rooms are required to pay at a rate varying from $15 to $30 per week, according to size and location of room and number of beds in same. All patients are supposed to pay for their treatment, if able to do so. The rate for a ward patient is $10 per week, but the superintendent has authority to modify these terms and as a result ward patients pay at varying rates from $10 down."

The following were the average rates paid by pay patients during the year 1909:

	Amount received.	Total days treatment.	Average rate per week.
Private room patients	$18,421.60	5,743	$22.45
Ward pay patients	9,737.61	11,091	6.15

CHRIST HOSPITAL NURSES GRADUATE.

Thirteen nurses were recently graduated from Christ Hospital, Jersey City. The exercises were held in Phillips Hall, a large number of the friends of the graduates attending. Archdeacon William R. Janvey, president of the hospital council; Rev. Harry L. Everett, pastor of the First Congregational Church, and Dr. Gordon K. Dickinson were the speakers and all congratulated the young women upon having chosen such a noble profession and wished them Godspeed in their new work. Aarchdeacon

Janvey presented the diplomas and they received medals from J. Hull Browning. Rev. Frederick Mortimer, rector of St. Mark's Episcopal Church, delivered the invocation.

Cooper Hospital, Camden.

The monthly report of the Cooper Hospital for January shows that 165 patients were admitted while 74 remained over from the preceding month. Of these 175 were discharged. In the out-patient department the report shows the following new cases: Surgical, 463; medical, 167; nose, throat and ear, 52; eye, 65; proctological, 24.

Mercer Hospital, Nervous Clinic.

Dr. Henry A. Cotton, medical director of the State Hospital for the Insane, opened a nervous clinic February 2, at Mercer Hospital. This new department was decided upon at the last meeting of the board of directors, and makes the institution one of the foremost in the State. The clinic will be held every Thursday from 11 until 12 o'clock.

At a meeting of the Ladies' Aid of Mercer Hospital, held February 3, Mrs. Lewis Perrine reported that the amount netted at the Charity Ball was about $1,000. As all reports have not been received the exact amount could not be given.

Montclair Hospital.

The special appeal made some time ago by the board of governors of the Mountainside Hospital in Montclair for funds to enable it to carry on its work has, according to Miss Josephine D. Davis, the treasurer, met with pleasing results. Up to the present time more than $1,300 has been received, with promises of other amounts from individuals and corporations.

North Hudson Hospital.

The board of directors of the North Hudson Hospital held an important business meeting recently at the institution and made several changes in the medical staff. The changes were made as a result of the death of Dr. William A. Menger, of Union Hill, who was on the visiting staff at the hospital.

Dr. George Good, of Union Hill, was named as the successor of the late Dr. Menger. Dr. Frederick J. Quigley, former Town Physician of Union Hill, was named as assistant surgeon to succeed Dr. M. S. Granelli, of Hoboken. Dr. Granelli will take Dr. Quigley's place on the staff.

Dr. Frank D. Gray, of Jersey City, was again named as the head physician at the hospital.

Perth Amboy Company's Hospital.

With an idea of taking care of possible injuries to its employees at the earliest possible moment, the American Smelting and Refining Company, of Perth Amboy, have installed an emergency hospital at its plant. The hospital was equipped under the personal supervision of Dr. W. E. Ramsay.

Dr. Ramsey is always on immediate call for accidents which might happen at the plant and will treat minor cases in this emergency hospital.

St. James Hospital, Lakewood.

What local physicians declare to be an unusual case is being treated in St. James's Hospital at Lakewood. Marion Brown, three years old, a daughter of Mr. and Mrs. James Brown, of Jackson's Mills, was brought to the hospital Thursday, suffering from a bullet wound in the head. The father had taken his loaded revolver from his bureau and placed it on a table. He left the room for a moment, and during his absence Marion's sister, who is eight years old, picked up the gun and began to play with it. The weapon was discharged accidentally, the bullet lodging in the head of Marion.

At the hospital an examination was made by Dr. Charles L. Lindsley, who found that the bullet had passed through the cheek and out through the base of the skull, missing by a fraction of an inch the jugular vein. The doctor said that in probably one case in a thousand could a bullet take such a course, and that only one small artery had been severed. The last report from the hospital was that the patient was doing well, and there is every chance for her recovery.

St. Peter's Hospital, New Brunswick.

The third annual report of this hospital has recently been issued. It shows a largely increased and very successful year's work. During the year a second addition to the building was added which provided two additional wards, twelve private rooms, a doctor's room, a pharmacy, etherizing room and an elevator. A training school for nurses was also opened with a regular course of lectures given by the surgeons and physicians of the staff. The building account shows $13,360.95 expended during the year, with $5.88 on hand. The maintenance account, $14,925.77 expended and $1,369.13 on hand.

The following items are taken from the report: Number of patients admitted during 1910, 704; discharged: cured 610, improved 14, unimproved 6, died 41, of which 19 were moribund on admission; remaining in hospital December 31, 1910, 33.

Number of outside patients treated, 460; average days' stay of patients, 13 days; collective days' stay of patients in hospital, 9,727 days. Average cost per day, per patient, $1.53. Pay patients, 212; free patients, 392.

List of Operations—Amputation of tibia and fibula, 5; amputation of phalanges, 4; amputation of ulna and raduis, 3; amputation of breast, 2; abdominal adhesions, 4; appendectomy, 102; abdominal abscess, 1; adenectomy, 18; colporrhapy, 4; curetting, 22; carcinoma, uterus, 4; carcinoma, bladder, 1; carcinoma, liver (ex.), 2; carcinoma, anodenum (ex.), 2; carcinoma, stomach (ex.), 4; coccigectomy, 1; cholecystotomy, 14; ectopic gestation, 3; empyema, 2; ectopic gestation, double, 1; fistula-in-ano, 2; facial cysts, 3; Gilliam operation, 27; gunshot wounds, 6; herniotomy, 19; hemorrhoids, 7; hysteropexy, 6; hysterectomy, 8; incision of abscesses, 7; lithotomy, 4; mastoid operation, 2; nephropexy, 13; nephrectomy, 3; ovarian cysts, 21; perineorraphy, 6; polypus, 3; prostatectomy, 2; prostatectomy, sup, 1; tub. glands removed, 5; trachelorrhaphy, 7; tenoplasty, 2; salpingotomy, 11; skin-grafting, 2; un-united fractures set, 3; ventro-fixation, 10; ventro-suspension,

13; vesico-vaginal fistula, 2; varicocele, 1; intussusception, 2; wiring of patella, 1; tumors, 18, total, 416.

In the detailed analysis of diseases the following classification is given. We note only total under each: Alimentary canal, 172; brain and nervous system, 30; circulation, 6; dislocation, 11; eye, 10; fractures, 20; liver, 22; respiratory organs, 60; urinary organs, 39; skin, 30; zymotic and general, 46; miscellaneous, 133; gynecological cases, 123.

The staff is composed of Drs. F. M. Donohue, president; W. J. Condon, B. M. Howley, B G. Illes, J. W. Rice, F. A. Riva, L. Runyon, P. A. Shannon and H. C. Voorhees.

Wells Memorial Hospital, New Brunswick.

A large addition has recently been made to the building which adds much to its capacity and usefulness, as well as to the architectural appearance of the hospital. It was opened last month for public inspection. Fuller account will appear in the April Journal, when items from the hospital's annual report will be given.

Camden City Dispensary.

The annual meeting of the Board of Managers of the Camden City Dispensary was held recently. The following officers and members of the board were duly elected: President, Howard M. Cooper; vice-president, Volney G. Bennett; secretary, Dr. H. Genet Taylor; treasurer, Richard N. Reeve; Board of Managers, Richard N. Reeve, Dr. H. Genet Taylor, Dr. William A. Davis, Dr. E. L. B. Godfrey, Howard M. Cooper, Dr. Daniel Strock, Volney G. Bennett, Dr. Joseph L. Nicholson, Joseph M. Cooper, William J. Bradley, Dr. H. H. Sherk, Dr. P. M. Mecray, Dr. William H. Iszard.

The total number of cases treated during the year was 5,906, and the total number of prescriptions compounded was 10,045.

Hospital Bed Funds.

There has been established in this State, and maintained for several years by the Royal Arcanum, a hospital bed fund, the object of which is to pay the expenses of needy Arcanians who are obliged to go to hospitals for treatment. From the last annual report of the fund officials, made at the meeting last Saturday night, is gleaned the fact that, during the past year, $1,485.95 was spent in sixty-two hospitals for the care of Arcanians.

Other fraternal organizations could take a lesson from the Royal Arcanum. Any strong order could establish such a fund. It not only provides for the relief of the members in time of trouble, but it does more—it furnishes income to the hospitals where, in many cases, there would be no income.

If the Royal Arcanum has paid nearly $1,500 into the hospitals in one year, ten such organizations, through similar funds, would pay $15,000 a year to these institutions, a sum not to be despised when it is known that hardly a hospital in New Jersey is self-sustaining, but that practically all have to depend upon charity for a certain percentage of their running expenses.

These bed funds are good things and it is earnestly to be hoped that there will be more of them.

Deaths.

ABBOTT.—In Ocean City, N. J., suddenly, February 17, 1911, Dr. Benjamin T. Abbott, of that city, and one of the best known physicians in South Jersey, aged 66 years.

Dr. Abbott graduated from Jefferson Medical College in 1870. He was a member of the Cape May County Medical Society, of the Medical Society of New Jersey and of the American Medical Association.

Dr. Abbott went to Ocean City in 1896 from Tuckahoe, where he kept a drug store for twenty years. Only a few days before his death, while talking with friends, he expressed the wish that he might die suddenly. At the time of his death he was president of the Board of Education, served as one of the board of censors of Medico-Chi. Medical College and was recently re-elected president of the Cape May County Board of Education.

GOULD.—In Newark, N. J., January 16, 1911, Dr. John W. Gould, after a brief illness, aged 72 years.

HENDRY.—In Newark, N. J., January 28, 1911, Dr. Hugh C. Hendry, aged 61 years.

Born in Glasgow, Dr. Hendry came to this country when he was 21 years old. He had received his education at the University of Edinburgh and Glasgow. His father was identified with the thread-making industry in Scotland and came to this country about the same time. The elder Hendry obtained a position as superintendent in the Clark Thread Mills here, and later the son was appointed as surgeon for the big plant.

In 1872 young Hendry was graduated from the Bellevue Hospital Medical College in Manhattan. Soon after he began his practice in Newark. He had long been associated with the late Dr. Charles M. Zeh, when the latter had an office in Broad street, opposite Bridge street.

For seven years Dr. Hendry was on the staff at St. Michael's Hospital. His first entrance into public life was in 1875, when he was appointed a surgeon in the local police department. Eight years later he became a member of the Board of Education, which office he held for two years.

Then he was named by the late Governor Leon Abbett as a member of the board of managers of the State Insane Asylum at Morris Plains, where he served a five-year term.

He was a familiar figure at one time in the political field in Newark. He was a member of the first Board of Works in Newark. He was a Democrat, but not until he had established a practice that brought him to the fore as one of the city's most influential physicians did he take any part in the political affairs of the city. Later he was a candidate for the Assembly on the Democratic ticket, but twice failed in being elected. He is survived by a widow and three children.

HUNT.—At Newton, N. J., January 15, 1911, Dr. Joseph H. Hunt, aged 70 years.

Dr. Hunt was a graduate of the College of Physicians and Surgeons, New York, in 1873, formerly a practicing physician in Brooklyn, and a member of the Board of Education of that city, and first president of the Department of Mineralogy of the Brooklyn Institute.

JANEWAY.—In Summit, N. J., February 10, 1911, Dr. Edward G. Janeway, LL.D., of New York City, aged 69 years.

Dr. Janeway was born near New Brunswick, N. J., and was the son of Dr. George J. Janeway, who for many years was one of the prominent physicians of New Brunswick. The profession loses by his death one of its ablest internists.

KINMOUTH.—At Farmingdale, N. J., January 9, 1911, Dr. William Rollo Kinmouth, from pneumonia after an illness of eight days, aged 62 years.

Dr. Kinmouth was born in Delaware County, N. Y., in July, 1848. He was graduated from the College of Physicians and Surgeons, New York City, in 1872, and practiced in association with Dr. Butts at Bloomville, N. Y., for two years, after which, in 1874, he moved to Farmingdale, where he continued to practice medicine till a few days before his death. During all those years he maintained an enviable reputation, not only as a physician, but as a man in every sense of the word. He always took a lively interest in the welfare and advancement of the town, and when it was incorporated as a borough, he was made a member of the council, which position he held until his death. His name is a household word in the vicinity and the whole country roundabout mourn his loss because it is theirs, not his.

Always ready to go when called, night or day, it was always a pleasure as well as duty with him, even though he knew there would be no money recompense. His services were as faithfully and cheerfully given to the poor as to others, and all will miss his kindly voice and tender touch. The town verily is one of mourning.

He was Mayor of the borough of Farmingdale, and also the borough health inspector. The business places were closed during the day of the funeral. He was a member of the Monmouth County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was a member of the Modern Woodmen of America and of the K. of G. E. lodge, of that place, also a member of Farmingdale Grange.

He was twice married. His first wife was Miss Mary Riddle, who died in 1880; his second wife, who survives him, was Miss Emma Lutz, to whom he was married in 1886.

LEIDY.—At Flemington, N. J., February 17, 1911, Dr. Edwin D. Leidy, after a lingering illness, aged 53 years.

Dr. Leidy graduated from the Jefferson Medical College in 1885. He was a member of the Hunterdon County Medical Society, the New Jersey State Medical Society and the American Medical Association. He was also a director of the Hunterdon County National Bank, president of the Flemington Gas Light Company and a member of Darcy Lodge, F. and A. M.

NEER.—In the Hackensack Hospital, January 27, 1911, Dr. Henry Crippen Neer, of Park Ridge, after undergoing an operation, aged 74 years.

The doctor was a member of the Bergen County Medical Society, the Medical Society of New Jersey and the American Medical Association. The following obituary notice has been prepared by Dr. Daniel A. Currie, of Englewood:

Dr. Neer was born at Summit, Schoharie Conuty, N. Y., November 10th, 1838, being in the 73d year of his age. He was educated in the public school and the New York Conference Seminary. He studied medicine in the office of Dr. David Neer, of Paterson, N. J., and at the same period taught school and gave singing lessons to assist in paying his expenses.

In 1860 he was graduated from the Berkshire Medical Institute. From November of that year he was actively engaged in the practice of medicine. He became a resident of Park Ridge in the spring of 1865.

During his entire life Dr. Neer attained, without effort, the distinction of being the first citizen of his adopted town. Everything came to him unsought, his townsmen knowing full well that his loyalty and high integrity of character as a man, so universally respected and admired by all, was sufficient gaurantee for the implicit trust imposed in him by the community that knew Dr. Neer so well.

I could write much regarding the severe loss the county and State societies have sustained in the death of our member, who was not only a Christian gentleman, but a man who, in every way, was worthy of imitation.

For all shall hear the voice of the Omnicient Judge saying, "Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world."

REED.—At Atlantic City, N. J., February 12, 1911, Dr. Thomas K. Reed, aged 72 years.

Further notice will be given next month.

SOMERHOF.—In Newark, N. J., January 25, 1911, Dr. Joseph F. Somerhof, after a long illness, aged 44 years.

Dr. Somerhof was a graduate of the Bellevue Hospital Medical College in 1894, formerly professor of hygiene in the New Jersey Cllege of Pharmacy.

WARD.—In Newark, N. J., February 3, 1911, Dr. Joseph B. Ward, in his 77th year.

Dr. Ward was the oldest son of Dr. Isaac M. Ward and Mary Ogden Rankin. He was educated in private schools in Newark, Bloomfield and Albany, and later in Oberlin, O., and Brown University. He was graduated from the Philadelphia Homeopathic College in the class of 1858. For a term of years he practiced medicine in Brooklyn and Newark and for a time held a professor's chair in the Homeopathic Medical College of Missouri in St. Louis.

During the Civil War Dr. Ward was assistant surgeon of the Eleventh Regiment of New York. Of late years he had given his attention to agricultural and horticultural pursuits. He was at one time chairman of the executive committee of the State Horticultural Society and for two years was its president. He was also vice-president of the State Tuberculosis Commission and a member of the executive committee of the State Board of Agriculture; also a member of the board of visitors of the New Jersey State Experimental Society.

HART.—At Lansdowne, Pa., February 15, 1911, Mrs. Josephine T. Hart, widow of Dr. Israel M. Hart, a surgeon in the Civil War and for many years the leading physician of Pennington, N. J., in the 77th year of her age.

WELLING.—At the Mercer Hospital, Trenton, February 8, 1911, Mrs. Alice Dick Welling, widow of Dr. Edward L. Welling, for many

years a prominent physician in Pennington, N. J.

Personal Notes.

Dr. Samuel Alexander, Park Ridge, formerly house surgeon of the Hackensack Hospital, has succeeded to the practice of the late Dr. H. C. Neer.

Dr. Francis J. Bicker, who has been very ill from pneumonia, is recovering.

Dr. William J. Chandler, South Orange, has been enjoying a few weeks' sojourn in Florida.

Dr. Frank W. Curtis, Stewartville, has purchased a fine property at Hackettstown and may move there, where he formerly practiced.

Dr. Henry B. Diverty, Woodbury, was recently elected treasurer of the local Board of Health.

Dr. Henry H. Davis, Camden, has recently returned from a short stay at Island Heights, N. J.

Dr. Thomas F. Dolan, Elizabeth, is spending a brief vacation in the West Indies.

Dr. Daniel M. Dill, Cedar Grove, who has been ill for several months, is still confined to his home.

Dr. Britton D. Evans, Morris Plains, spoke in the Presbyterian Church at Morris Plains recently on "Wonders, Revelations and Opportunities of the Far West."

Dr. Frank D. Gray, Jersey City, has an able paper in the Medical Record, February 4, 1911, on "Direct Transfusion."

Dr. Robert H. Hamill, Summit, and wife have been spending several weeks at Whitehaven, Pa.

Dr. Ralph H. Hunt, East Orange, was recently re-elected a member of the Board of Health, for a three years' term.

Dr. William H. Iszard, Camden, food and drugs inspector of the Board of Health, has recently had confiscated a lot of fish and eggs found unfit for sale.

Dr. Henry W. Kice, Wharton, recently spent a few days in New York City, visiting friends.

Dr. Alfred B. Nash, Frenchtown, has been seriously ill at his home for several weeks.

Dr. Richard H. Parsons, Mt. Holly, is president of the local Board of Health. He advocates purifying the local water supply.

Dr. Stephen Pierson, Morristown, spoke on Abraham Lincoln at the First Presbyterian Church, Morristown, February 12th.

Dr. William G. Schauffler, Lakewood, and wife gave a musicale at their home recently, which was largely attended.

Dr. Ferd W. Sauer, Jersey City, has been mentioned as a possible candidate for Mayor next fall.

Dr. Frank G. Scammel, Trenton, who is the county physician of Mercer County, who has witnessed eighteen electrocutions at the State Prison, recently addressed the Judiciary Committee of the Pennsylvania Legislature at Harrisburg, advocating electrocution, rather than hanging, for criminals.

Dr. Herbert H. Vail, Bloomfield, has been appointed medical inspector for the Academy Street School.

Dr. Joseph V. Winans, Belleville, has been appointed medical inspector for the Soho and Silver Lake schools.

Book Reviews.

A Handbook of Practical Treatment. In three volumes. By 79 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelly, M. D., Assistant Professor of Medicine, University of Pennsylvania. Volume I: Octavo of 909 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Per volume: cloth, $6.00 net; half morocco, $7.50 net. W. B. Saunders Company, Philadelphia and London.

We have given more time than usual to the examination of this volume because of our knowledge of the author's ability and the conviction, on reviewing the first few chapters, that this work is what it claims to be—a work on practical treatment. As a result of such careful review we do not hesitate to express our judgment that, if the two remaining volumes measure up to the excellence of the first, this will prove to be a work of exceptional value not only to the young, but also to the experienced practitioner, as it furnishes correct, up-to-date knowledge of disease and the most practical methods of its treatment. The editors are men of acknowledged ability and the 79 contributors are specialists of wide experience and of deservedly high reputation. This first volume is devoted to a discussion of various therapeutic and hygienic measures from a general viewpoint beginning with an excellent chapter by Dr. Musser on "The Fundamental Principles of Therapeutics," and that is followed by practical chapters on prophylaxis, diet, drugs, rest, exercise, massage, mechanotherapy, psychotherapy, hydrotherapy, balneotherapy, climatotherapy, aerotherapy, electrotherapy and radiotherapy. Special emphasis is also laid on specific therapy-organotherapy, serumtherapy, bacteriotherapy, vaccinetherapy and chemotherapy.

Differential Diagnosis. Presented through an analysis of 383 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Octavo of 753 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.50 net. W. B. Saunders Company, Philadelphia and London.

We would naturally expect that a work on such an important subject by so eminent an author would be deemed worthy of a place in the library of every physician who rightly estimates the vast importance of correct diagnosis in the successful practice of medicine. Dr. Cabot's oration in medicine on "Mistaken Diagnoses," at the last annual meeting of the A. M. A. was a masterly effort. We gave briefly his summary and his conclusion in our last month's Journal.

This volume is an attempt to study medicine from the viewpoint of the presenting symptom, showing how the complaints of the patient—fragmentary expressions of the underlying disease—should be used as leads, and how their lead can be followed to the actual seat of the disease. We quote from the introduction the plan of the volume in its three parts: (a) To present a list of the common causes of the symptoms most often complained of by patients,

e. g., the causes of pain in the back, of vomiting or of hematuria; (b) To classify these causes in the order of their frequency, so far as this is possible; (c) To illustrate them by case histories in which the presenting symptom is followed home until a diagnostic problem and its solution are presented.

We highly commend this volume to the profession for its great practicality and helpfulness.

COLLECTED PAPERS BY THE STAFF OF ST. MARY'S Hospital, Mayo Clinic, 1905-1909. Collected Papers by the Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1905-1909, Octavo of 668 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.50 net.

Anything from the Mayos carries weight and attracts interest, and this collection of papers contains a detailed history of much of their special work. It will be studied with profit by a host of surgeons, as it is an honest portrayal of the clinical work at one of our most noted centres.

A NEW BOOK ON DISEASES OF CHILDREN. BY John Lovett Morse, A. M., M. D., Assistant Professor Harvard Medical School; Associate Visiting Physician at the Infants' Hospital and at the Children's Hospital, Boston. Case Histories in Pediatrics. A Collection of Histories of Actual Patients, Selected to Illustrate the Diagnosis, Prognosis, and Treatment of the Most Important Diseases of Infancy and Childhood. Containing 320 octavo pages and a few illustrations. Price, express prepaid, $3.00 W. M. Leonard, Publishers, 101 Tremont street, Boston.

Case teaching is a method of instruction growing in popularity. The cases presented in this book can be studied with great profit. The deductions of the author are especially valuable.

THE PRACTICE OF SURGERY. BY JAMES G. MUMford, M. D., Instructor in Surgery in the Harvard Medical School. Octavo of 1,015 pages, with 682 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $7.00 net; half morocco, $8.50 net.

A thoroughly practical work presenting the author's favorite methods of dealing with the more frequent traumatisms and diseases embraced under major and minor surgery. The illustrations are excellent, numerous and helpful.

HYDROTHERAPY: A TREATISE ON HYDROTHERAPY in General; Its Application to Special Affections; the Technic or Processes Employed, and Use of Waters Internally. By Guy Hinsdale, A. M., M. D., Lecturer on Climatology, Medico-Chirurgical College of Philadelphia. Octavo of 466 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $3.50 net.

All practitioners should have a more or less complete knowledge of the treatment of diseases by hydrotherapeutic measures. This work treats quite fully of the various baths, douches and sprays, hot or cold; also of the internal administration of mineral waters. It is well illustrated and a practical treatise for the general practitioner.

A TREATISE ON DISEASES OF THE SKIN FOR THE Use of Advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Sixth edition, revised. Handsome octavo of 1,195 pages, with 289 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1910.

This sixth edition contains much new matter on pellagra, sporotrichosis, grain-mite dermatitis and some of the skin affections peculiar to our own and other tropical countries. It still maintains its place as a standard work.

A MANUAL OF DISEASES OF THE NOSE, THROAT and Ear. By E. B. Gleason, M. D., LL.D., Clinical Prof. Otology, Med. Chi. Coll., Phila., etc. Second edition, revised. W. B. Saunders Co., Philadelphia and London, 1910.

A most reliable compendium of the pathology and treatment of diseases of the nose, throat and ear.

PLASTIC AND COSMETIC SURGERY. BY FREDERICK Strange Kolle, M. D., Fellow of N. Y. Acad. Med., etc.; 522 illustrations. New York and London: D. Appleton & Co., 1911.

This is the first book, so far as we know, published exclusively to present this important subject. It will greatly aid the general surgeon and even the general practitioner in his efforts to restore and correct contractures, malformations, etc. Its instruction is made especially clear by numerous illustrations.

SYSTEMIC (INCLUDING SPECIAL) PATHOLOGY. BY J. George Adami, A. M., M. D., LL.D., F. R. S., Professor of Pathology, and Albert G. Nicholls, M. A., M. D., F. R. S., Assistant Professor of Pathology in McGill University, Montreal. In one octavo volume of 1,160 pages, with 301 engravings and 15 plates. Cloth, $6.00 net. Lea & Febiger, Philadelphia and New York, 1911.

This second volume, which treats of Systemic Pathology, deserves all the commendation which was given in a previous review of the first volume on the Principles of Pathology. It covers the whole field of special pathology and devotes considerable space to the treatment of functional derangements which renders it of special value to the general practitioner.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Alabama, July	119	73	46
California, August	151	121	30
California, December ..	95	60	35
Colorado, October	16	15	1
Delaware, December ...	12	10	2
Florida, November	66	56	10
Georgia, October	32	26	6
Kansas, October	13	5	8
Kentucky, December ..	34	19	15
Maine, November	14	11	3
Maryland, December ..	53	36	17

Nebraska, November ..	4	4	0
Nevada, November	9	9	0
Ohio, December	23	21	2
Pennsylvania, December	95	79	16
Texas, November	35	34	1

Public Health Items.

Open Air School for Children.

The benefits resulting from open air schools to children predisposed to tuberculosis or who have been imperiled by association with adults suffering from this disease, have become so generally recognized that there are positive demands for them in a number of cities. The Camden Board of Education is considering plans for an open air class in each of the four districts within the city, and the city medical director has advised prompt action. In Philadelphia, just across the river, a storm of protest has been raised against the Board of Public Education, because that body manifests an unwillingness to institute ten open air schools already planned for the children suffering from incipient tuberculosis. The Philadelphia plan involves the expenditure of about $15,000, but it includes a building with large verandas and with open class-rooms to accommodate twenty-five scholars each. The management of the school will be similar to that of the open air school in Essex County, and with probably the same beneficent results.

Epidemic of Measles in Westfield.

Owing to an epidemic of measles the public school officials, acting on the advice of the Health Board, last month declared it expedient to close the Lincoln and Prospect public schools. According to School Superintendent J. J. Savitz, seventy-five pupils are ill with measles, while more than 100 are confined to their homes under quarantine. In addition there are about 100 pupils unable to attend school who are ill with the grip and colds.

Dr. J. B. Harrison, president of the Board of Health, in a statement issued February 15th, declared that the epidemic of measles is due to a lack of observance of ordinary precaution. Dr. Harrison also issued an order that all households that are affected with measles shall be strictly quarantined.

Crusade Against Mosquitoes

The Board of Health of Millburn has requested all house owners and occupants to join in this crusade at this time, and the invitation is or ought to be duplicated by every Board of Health and adopted by every citizen who does not wish to be stung next summer.

Evaporate equal parts of carbolic acid and camphor in the cellars, is the advice of the local authorities. Directions will be given for using and apparatus will be provided by them.

Dr. John B. Smith, State entomologist, has described and illustrated a home-made evaporating outfit, the main part of which is only a section of an old stovepipe. He recommends either stramonium or the combination approved by the Millburn authorities. Either will, when freely used, kill not only the cellar mosquitoes, but any hibernating flies. The method of using these fumigators is simple. Eight ounces of stramonium mixed with saltpeter to make it burn, or three ounces of mixed carbolic acid and camphor (called culicide), is enough for every 1,000 cubic feet of space. In any kind of shallow pan burn the stramonium so that it smolders; or evaporate the culicide over an alcohol or other lamp. The culicide is inflammable and must be handled with care, but the fumes are not poisonous.

If house mosquitoes are not killed now they will be ready to escape the first spring day, will make for the nearest stagnant water, deposit seventy-five to a hundred eggs each and do their utmost to sprinkle the whole city and adjacent country with stingers.—Newark Evening News.

Smallpox in Philadelphia.

One of the most rigid quarantines in the history of Philadelphia was put in force January 31st, in consequence of the discovery of smallpox in the "tenderloin" district. That section was roped off, and every one found within the police boundary was compelled to submit to vaccination. The health officers waited until 4 o'clock that morning, before beginning their work, so as to catch the residents at home.

At that hour, 100 physicians, accompanied by large details of policemen, entered the district, which also includes Philadelphia's Chinatown, and began vaccinating. It is estimated that 3,000 persons were vaccinated. While the physicians were inside the ropes, which enclosed a territory of ten blocks, hundreds of policemen stood on guard and permitted no one to escape.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, January, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending January 10, 1911, was 3,203. By age periods there were 495 deaths among infants under one year, 270 deaths of children over one year and under five years, and 1,196 deaths of persons aged sixty years and over.

The greatest increase is shown in deaths from measles and pneumonia, both of which caused more deaths than for the corresponding period last year. The mortality from other diseases continues normal.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending January 10, 1911, compared with the average for the previous twelve months, the average in each case being in parentheses:

Typhoid fever, 37 (32); measles, 35 (14); scarlet fever, 10 (21); whooping cough, 26 (30); diphtheria, 87 (60); malarial fever, 2 (2); tuberculosis of lungs, 292 (320); tuberculosis of other organs, 35 (56); cancer, 142 (151); diseases of nervous system, 360 (359); diseases of circulatory system, 398 (370); diseases of respiratory system (pneumonia and tuberculosis excepted), 343 (232); pneumonia, 386 (259); infantile diarrhœa, 56 (242); diseases of digestive system (infantile diarrhœa excepted), 153 (196); Bright's disease, 229 (221); suicide, 38 (34); all other

diseases or causes of death, 574 (653); total, 3,203 (3,252).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis: Specimens examined from suspected cases of diphtheria, 439; tuberculosis, 437; typhoid fever, 189; malaria, 13; miscellaneous specimens, 45; total, 1,123.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending January 31, 1911, 506 samples of food and drugs were examined in the State Laboratory of Hygiene with results as follows:

All the 114 samples of spices, 2 of cocoa, 35 of molasses, 1 of cream, 5 of olive oil, 1 of saltpeter, 1 of sausage, 19 of white vinegar, 2 of camphorated oil, were found to be above the standard.

The following were found to be below the standard: 13 of the 159 samples of milk, 15 of the 42 of butter, 6 of the 30 of oleomargarine, 1 of the 71 of cider vinegar, 1 of the 2 of tincture iodine, 2 of the 6 of tincture opium, all of the 15 of spirits of camphor and the one of witch hazel. Twelve suits had been instituted for adulterations of milk and butter.

Division of Creameries and Dairies.

DAIRIES.

During the month, 152 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent. of the perfect mark:

County.	Number inspected.	Above 60 %.	Below 60 %.
Burlington	20	10	10
Essex	9	5	4
Hunterdon	31	17	14
Mercer	2	1	1
Middlesex	4	1	3
Passaic	1	1	0
Somerset	2	0	2
Union	3	2	1
Broome Co., N. Y.*	20	9	11
Sullivan Co., N. Y.	6	3	3
Susquehanna Co., Pa.	17	7	10
Wayne Co., Pa.	39	18	21
Totals	154	74	80

Number of milk depots inspected, 8.

Number of letters sent to dairymen, 87.

*The 82 dairies located in the States of New York and Pennsylvania were inspected and scored at the request of the Rutherford Board of Health. The milk produced on these dairy premises is distributed in Rutherford and enters into competition with the milk of local dealers who are required to meet a minimum sanitary standard.

CREAMERIES.

During the month 46 creamery inspections were made, as follows: Andover, Atlantic City 7, Augusta, Baptistown, Beemerville, Bevans, Blairstown, Changewater, Delaware, Glenwood, Highland Park, Hoboken, Huntsville, Marksboro, Montgaue, New Brunswick, Newton, North Haledon, North Plainfield, Papakating Paterson, Plainfield 3, Price's Crossing, Quarryville, Richfield, Roys Crossing, Rutherford, Sparta, Stillwater, Stockholm, Sussex 3, Vails Vernon, Skinners Falls, N. Y., Kirkwood, N. Y., and Hickory Grove, Pa.

Number of creamery licenses recommended, 1.

Number of letters sent to creamery operator, 19.

During the month ending January 13, 1911, 114 inspections were made in 75 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 237; butter, 687; foods, 695; drugs, 200.

Other inspectionss were made as follows:

Milk wagons, 153; milk depots, 55; grocery stores, 453; drug stores, 15; slaughter-houses, 20; news stands, 26; milk cans, 4; bottling establishments, 4.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 128: Public water supplies, 83; State institution supplies, 1; sewage samples, 24; private wells, 11; spring waters, 1; miscellaneous, 8.

INSPECTIONS.

Public water supplies inspected at Jersey City, Delawanna, Orange, East Orange, Summit, Short Hills, Hackensack, Peterson, Haledon, Midland Park, Bogota, Garfield, Haworth, Lodi, Hammonton, Egg Harbor City, Atlantic City, Ventnor, Margate City, Longport, Ocean City, Pleasantville, Mays Landing, Vineland, Millville, Bridgeton, Jamesburg, Freehold, Manasquan, Sea Girt, Point Pleasant, Bay Head, Mantoloking, Sea Side Park, Toms River, Island Heights, Lakewood, Lakehurst, Barnegat, Tuckerton, Beach Haven, Surf City, Beach Haven Terrace, Allentown, Beverly, Bordentown, Bound Brook, Burlington, Roebling, Riverton, Hopewell, Pennington, Dunellen, Raritan, Plainfield.

Sewage plans and systems inspected at Jamesburg, Brown's Mills, Merchantville, Burlington, Plainfield, Westfield, Collingswood, Asyla, Thos. Devlin Co., Burlington; Millville, Essex Fells, Moorestown, Vineland, Bogota.

Special inspections at Hackensack, Ridgefield Park, Tenafly, Englewood, Morristown, Mount Holly, Springtown, North Plainfield, Camden, Leonia, Nordhoff, Palisades Park, Morsemere, Somerville, Hillsboro, Trenton.

Stream inspection on Hackensack, Whippany and Raritan Rivers, Rancocas and Pohatcong Creeks, Raritan Bay.

Persons summoned before the board	161
Ten-day notices to cease pollution issued	29
Pollutions reported	94
Reinspections made	4
Abatements reported	4
Plans for sewage disposal plants and systems approved	1
Same disapproved	1
Water supply plants and systems approved	1
Cases referred to the Attorney-General	1

The chief of the division met with representatives from Hackensack, Ridgefield, Ridgefield Park, Englewood, Bogota and River Edge on January 25th, at Hackensack, in reference to sewage disposal for these towns. The representatives stated that a competent engineer would be employed at once to advise the municipalities interested.

Medical Societies' Annual Meetings.

The American Medical Association, at Los Angeles, Cal., June 27-30, 1911.
The Medical Society of New Jersey, June 13 to 15, probably at Spring Lake.
The Medical Society of the State of New York, at Albany, N. Y., April, 1911.

FOOD AND NUTRITION CHARTS.

The Department of Agriculture has recently issued a set of fifteen charts on the composition of food materials, which are likely to prove especially useful to instructors and students in classes in physiology and in other branches in which the food and nutrition of man is studied. The charts may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., for $1 for the set. The charts are printed from photolithographs in six colors, and in each case show the protein, fat, carbohydrate, ash and water contents, and the fuel value expressed in calories. The food materials shown are as follows: 1, whole milk, skim milk, buttermilk, and cream; 2, whole egg, egg (white and yolk), cream cheese and cottage cheese; 3, lamb chop, pork chop, smoked ham, beefsteak and dried beef; 4, cod (lean fish), salt cod, oyster, smoked herring and mackerel (fat fish); 5, olive oil, bacon, beef suet, butter and lard; 6, corn, wheat, buckwheat, oat, rye and rice; 7, white bread, whole wheat bread, oat breakfast food (cooked), toasted bread, corn, bread and macaroni; 8, sugar, molasses, stick candy, maple sugar, and honey; 9, parsnip, onion, potato and celery; 10, shelled bean (fresh), navy bean (dry), string bean (green), and green corn; 11, apple, dried fig, strawberry and banana; 12, grapes (edible portion), raisins (edible portion), grape juice (unfermented), canned fruit and fruit jelly; 13, walnut, chestnut, peanut, peanut butter and cocoanut. Chart 14 gives the functions and uses of food under the headings, "Constituents of Food," and "Uses of Food in the Body." Chart 15 shows the dietary standard for a man in full vigor at moderate muscular work and the estimated amount of mineral matter required per man per day.

MEDICAL LECTURES.

The Educational Alliance, New York, announced a series of lectures on medical topics at the Alliance Hall. The first was by Dr. W. M. Polk, February 23, on "Medical Ethics;" the second will be by a lecturer to be announced, on March 30, on "Gynecological Operations by the General Practitioner," and the third by Dr. J. Brettauer, gynecologist to Mt. Sinai Hospital, on April 23, on "The Secret Division of Fees."

LECTURES AT CANCER HOSPITAL.

The governors of the New York Skin and Cancer Hospital announce the following course of lectures to be given in the Out-Patient Hall of the hospital, Second avenue and Nineteenth street, New York, on Wednesday afternoons, at 4:15 o'clock: March 1 and 8, "Eczema," Dr. Bulkley; March 15 and 22, "Acne," Dr. Bulkley; March 29, "Psoriasis," Dr. Bulkley; April 5 and 12, "Syphilis," Dr. Bulkley; April 19 and 26, "Cancer," Dr. Bainbridge. The lectures will be abundantly illustrated by means of cases, models, colored plates, etc., and will aim at presenting the subjects in a practical and instructive manner. The course will be free to members of the medical profession on the presentation of their cards.

CORINNA BORDEN KEEN RESEARCH FELLOWSHIP; JEFFERSON MEDICAL COLLEGE.

The accumulated income of this fund now amounts to $1,000. The fellowship will be awarded by the trustees upon recommendation of the faculty to a graduate of the Jefferson Medical College of not less than one, nor more than ten, years' standing, upon condition that he shall spend at least one year in Europe, America, or elsewhere, wherever he can obtain the best facilities for research in the line of work he shall select, after consultation with the faculty; and that he shall publish at least one paper embodying the results of his work as the "Corinna Borden Keen Research Fellow of the Jefferson Medical College." Address J. W. Holland, Dean.

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THE EHRLICH-HATA (606) PREPARATION, WITH A REPORT OF CASES.*

HENRY J. F. WALLHAUSER, M. D., NEWARK, N. J.

In considering a subject for discussion, it occurred to me that, inasmuch as the new remedy of Professor Ehrlich was receiving so much attention at the present time, a brief resume of the literature, together with a preliminary report of cases treated at the Newark City Hospital, might be of interest.

Dioxydiamidoarsenobenzol - dihydrochlorid, or "606" as it is popularly known, has in the short time since its advent created more interest and speculation than perhaps any of the modern medical discoveries. This is not to be wondered at, as the claim that it will cure syphilis, one of the most dreaded of diseases, with a single dose of medicament could not fail to create interest, when compared to the long-drawn-out course necessary with any of the forms of mercury.

We were already greatly indebted to Professor Ehrlich for his achievement in solving many of the difficult problems relating to parasitology and immunity; when, on account of the unpromising future for immunizing against the protozoa, he turned his attention to chemotherapy, developing in this field remedies by synthesis which are likely to revolutionize the treatment of conditions due to this variety of organism, such as Frambæsia, Malaria, Trypanosomiasis, Amebic dysentery, etc. He early realized that immunity against diseases of this type was not to be sought in the development of antibodies, as in bacterial diseases, and in consequence he began experiments with substances on the theory of chemotaxis with the idea of finding destructive agents that would be attracted by the invading organism, in the words of Ehrlich, "parasitropic," with the least deleterious effect to the host, or devoid of organotropic properties. While experimenting in this line, trypanosomiasis was receiving considerable attention, and the remedy atoxyl—an empirical preparation—was advanced with more or less success.

On this account Ehrlich, with his chemical assistant Bertheim, made an analysis; it was claimed to be an anilid of arsenic acid, but they found it to consist of the sodium salt of para-aminophenyl arsenic acid. Then followed a number of experiments by substituting various substances producing combinations, among which are found acetyl-atoxyl, arsenophenyl-glycin, etc. Arsenobenzol was the 606th combination developed, from which its popular name is derived.

Hata, associated with Ehrlich, conducted experiments on lower animals infected with several varieties of spirilla, and when the spirilla of syphilis was established by Schaudin and Hoffman, this parasite was used, injected into rabbits and tested with the various products. It gradually evolved that small doses of a preparation rendered the protozoa immune to the drug, and increased the toxic properties to the host. This led Professor Ehrlich to the most remarkable part of the discovery, namely, the destruction of the micro-organism with one large dose of the remedy, to which he applied the term "Therapia Sterilisans Magna."

After Hata had demonstrated the non-toxic effects of arsenobenzol on the host under proper dosage, and the destruction of the spirochetes which usually occurred in twenty-four hours, it was tested in man,

*Read at the Newark Medical and Surgical Society and Physicians' Club, February 10, 1911.

first by Professor Alt, who had previously experimented as to its toxic effects in dogs. It is noteworthy to mention that the first to submit to the experiment regarding its toxicity in man were two physicians, assistants in Alt's clinic.

In September, 1909, Dr. Hoppe, of Alt's clinic at Achspringe, Altmark, tried it in cases of syphilitic paralysis, and after twenty-three cases had been treated it was sent to Schrieber, of the Altstadtische Krankenhaus, in Magdenburg, for a trial in early cases; then followed Wechselmann, who reported the largest number of cases (about 900). Lesser, Neisser and Kromayer soon followed, until nearly every one doing any amount of syphilitic treatment abroad was using it, and nearly all are in accord as to the wonderful results obtained by the remedy.

Dr. Flexner, of the Rockefeller Institute, was among the first to receive "606" in America, from whence it was obtained by Nichols and Fordyce, who reported fourteen cases. Wolbarst, of New York, to whom I am indebted for the privilege of seeing the result of injections in six cases, was also among the first to try it.

The rapid disappearance of skin lesions and recuperation after the injection is most remarkable, and can only be compared clinically to the wonderful and rapid results obtained with antitoxin in diphtheria. In thirty cases which I have had an opportunity to see, the results to say the least were all that could be desired, even by the most skeptical. One case under treatment by Wolbarst, of two and one-half years' duration, that had resisted all forms of mercurial treatment, was injected for tubercular and deep ulcerating lesions of the extremities and hyperthrophic leucoplakia; at the end of two weeks the mucous patches had about disappeared and the ulcerations were rapidly filling in with healthy graulations. Another case by Wolbarst of cerebral syphilis is interesting. The patient had his primary infection in 1905. He was treated by mercurial injections for six months, a roseola followed the initial lesion, otherwise no other symptoms developed during a period of three years, when his right elbow became tender and swollen, and about the same time he had an attack of right hemiplegia while under the influence of alcohol. During the attack he suffered from illusions and depression; although somewhat improved by iodides, he remained in a low mental condition; lost all ambition; was unable to hold a position, and his facial expression had become semi-idiotic. On November 3, 1910, he received 0.5 of arsenobenzol, which was followed by a decided reaction; temperature ranged to 102 Fahrenheit. On the third day following improvement was noticed; his mind brightened perceptibly; he became interested in his surroundings and expressed a desire to go to work to support his widowed mother. On November 15, twelve days after the injection, he was discharged from the hospital practically normal, having gained ten pounds in weight. His mother expressed the opinion "that she had never seen him brighter than at present."

A case of precocious malignant syphilis was presented at the Harlem Medical Society by Professor Fordyce. The patient had an initial lesion in March, 1909; six weeks later there developed an ulceration on the soft palate resulting in a loss of the uvula; then followed rapidly various bone lesions, including gummatous bursitis, ulcerations over the bridge of the nose, on the ears, thighs, forehead and scalp. A cachexia gradually devloped accompanied by tachycardia and albuminuria; thus forming a sad picture of the grave results of the malignant type of this disease. The treatment in this case consisted of injections, inunctions and potassium iodid without any apparent effect in arresting the progress of the disease. On September 5, 1910, he received an injection of 0.4 gms. of arsenobenzol, which was followed by a severe reaction; fifteen days later a marked improvement was apparent, and in one month he had gained eight pounds; the albumin had disappeared from the urine, and all lesions were rapidly disappearing. His general improvement continued, although a slight relapse of a bone lesion has since developed, which, Professor Fordyce thinks, will easily respond to a second injection.

The remedy has been tried in all varieties of cases, including the so-called parasyphilides, as tabes and paralysis, with almost uniformly good results, especially in the early stage, before degeneration of the elements has advanced too far. Nagelschmidt reports an extensive experience in these conditions with good results. Alt reports a case with well-marked ataxia that so far recovered as to permit the patient to take part in a long street parade.

Gennerich reports many interesting cases; among them a case of complete paresis in which the patient could stand up and hold out his hand the day following the injection, and his mind was clear for the first time in months. In a case of total hemiplegia, the

arm could be bent to a right angle the next day, and improvement was continuous thereafter, and so we might go on describing rapid results in nearly all cases treated, if time and space permitted.

As to the method of preparation and injection, much remains to be accomplished. In the earliest trials it was given in an acid form, dissolved with methyl alcohol, then followed the neutral suspension which, on account of being less painful, is still advocated by many. The injection may be given sub-cutaneous in the scapular region; intramuscular in the gluteal region, and intravenous.

In a letter from Dr. Flexner, dated November 5, 1910, the alkaline form injected into the gluteal region was advised at the request of Professor Ehrlich.

The method of Wechselmann for obtaining a neutral suspension is employed as follows: Dissolve the salt in from 1 to 2 c.c. of normal sodium hydrate solution, then add acetic acid drop by drop until a yellowish precipitate is developed; this precipitate is collected and added to from 1 to 2 c.c. of sterile distilled water, the solution is then neutralized by the addition of either sodium hydrate solution, or one per cent. acetic acid, according to the reaction obtained carefully with litmus paper; finally, the preparation is diluted with either sterile water or normal salt solution to 20 c.c. and injected sub-cutaneously in the scapular region.

Iversen advocates the combined method of intravenous and sub-cutaneous injection, claiming a rapid destruction of a majority of the spirchetes by the intravenous injection, and a long-continued further action from the sub-cutaneous dose. He advocates from 0.4 to 0.5 gms. intravenously, and forty-eight hours later, a sub-cutaneous injection of 0.3 or 0.4 gms. In the intravenous injection, the dilution is brought up to about 200 c.c. This will probably be the method of choice judging from the results obtained, but will have to stand the test of time.

The alkaline method of Alt is more simple in its preparation. The salt is dissolved in 10 c.c. of distilled sterile water, using a mortar and pestle, then ½ c.c. of normal sodium hydrate solution is added for each decigram of salt used; at first a mucilaginous thick precipitate results which gradually dissolves, forming a clear amber-colored liquid. If a floculent precipitate remains, a little more normal sodium solution should be added, but it seems to be important to keep the alkalinity as near the neutral point as possible, which can be accomplished by adding the sodium solution cautiously drop by drop. The solution rapidly clears when the proper degree of alkalinity is reached. The amount of solution is now brought up to 20 c.c. by the addition of distilled water, 10 c.c. being injected deeply in each gluteal region under aseptic precautions.

The method of Lesser is a modification of Alt's, the solution being prepared in a graduated cylinder with a ground glass stopper containing about a dozen pearl glass beads. The arsenobenzol is added to 15 c.c. of hot distilled water and dissolved by shaking, then 2 c.c. of normal sodium solution is added. A precipitate occurs which is dissolved as in Alt's method, by adding sodium solution drop by drop. The amount of solution is then brought up to 20 c.c.

The dose in the earliest cases treated consisted of about 0.25 gms. This has gradually been increased to 0.6 gms., and has in a few cases been given as high as 1 or 2 gms. A good average dose at present consists of about 0.6 gms. Neisser gives 0.6 gms., which he repeats after three or six weeks, sometimes interposing mercurial treatment. All are agreed that we should begin with small doses in cerebral cases and in tabes, also in neurotic individuals, on account of their increased sensitiveness to pain. Nagelschmidt begins with a small dose, waits for the reaction to subside from one to several weeks, then repeats the same or a little larger dose. He continues in this cautious manner until the dose has reached to 1.5 or 2 gms. This plan he advocates in tabes, but may be applied to any form of the disease requiring large dosage. Wechselmann, in a malignant case in which the ulcerations had healed up only once for a few days during a period of four years, gave three doses as follows: 0.2-0.45-0.45. In four months this patient had entirely recovered and was back to work.

The injection is given with the patient in a prone position in which he should remain for half an hour after, and then transferred to bed for several days. This should be insisted upon, as walking seems to greatly aggravate the pain at the site of injection and in the muscles of the legs. In nearly all cases the injection is followed by a stage of reaction as shown by an elevation of temperature and acceleration of the pulse, accompanied by a leucocytosis. The temperature ranging to about 100, but may reach as high as 103 or even higher. It developes about

the second or third day, and disappears at the end of a week. The pain varies considerably and seems to depend on conditions peculiar to the patient, *i. e.*, in nervous individuals it is usually severe, and begins immediately after or during the injection, continuing for several days. In a majority of cases, however, all that is complained of is a dull, heavy pain at the site of injection for several days. Most patients who have had both forms of injections, however, say that it is very much more severe than that caused by mercury. This is probably due to the increased amount of fluid injected, and in a measure, to the more irritating character of the substance as shown by the lessened severity in neutral solution.

As an aid in judging the result of treatment, the Wassermann reaction is indispensable, and should be applied in each case at the end of six weeks. In from one to four or six weeks, the reaction is changed from positive to negative in a majority of cases. If the reaction remains positive, a second injection should be given. A positive reaction following a negative one indicates a relapse, and should receive treatment accordingly. Neisser advises that we should not lose sight of the chronicity of the disease, and in cases that do not change to negative, a course of mercurial injections should be given in addition.

To show the result of treatment by the test, very late cases involving the nervous system, as in tabo-paralysis, a changed positive to negative reaction has remained so over a period of two years. Neisser, in an early report, when he used only 0.4 of the salt, reports 44 per cent. changed from positive to negative reactions. Schreiber and Hoppe report 52 patients observed for 50 days; 84.6 became negative, four others lost the reaction later, making 92.3 per cent. The earliest change recorded was four days, and the latest seventy days. In one patient, treated intravenously, it became negative in twenty-four hours.

Mayer records sixteen cases; twelve were cases of paralysis; four with small dose not affected; four became less decided; four treated intravenously became negative at once.

Lang's experience was as follows: One hundred and fifty-three cases changed to negative; two, primarily negative, remained so, one died with positive; two were still positive; two cases with negative became positive again; one later became negative; one slightly positive; ninety-seven cases remained positive.

Fordyce's cases became negative in all that could be observed for a sufficient length of time. Taking into consideration the improvement in treatment as advanced by Nagelschmidt and Neisser, it is reasonable to presume that many of the cases that did not become negative might respond under one or the other of the methods advanced by them. At any rate, it is too early to make a positive statement regarding the negative results at this time.

The question of danger in the use of the remedy is one which we can not as yet decide with certainty. Necrosis at the site of injection has occurred in a limited number of cases, but has not been considered a serious factor—no treatment having been required in the cases reported. Cases of apparent arsenical poisoning resulting in more or less functional disturbances are recorded; such as suspension of urine for several days, one lasting for ten days with loss of reflexes, rectal tenesmus and constipation; in some cases a reduction in the normal amount of urine voided was noticed; and a few have reported a transitory albuminuria. Deaths have been ascribed to individual over-susceptibility. Frankel and Grouven report a case that died in three and a half hours of arsenical poisoning. Altogether, fourteen fatal cases in somewhat over fourteen thousand have been reported, which Ehrlich ascribes mostly to early technic and selection of unsuitable cases. To bear out his contention, one reported by Ehlers should be mentioned. The patient came under his care eleven years after infection; an attack of apoplexy followed soon after coming under observation; six months later he developed dementia and paralysis; these conditions gradually improved, and he was able to attend to his vocation; about two years later he had another attack of apoplexy from which he was gradually recovering when he received an injection of arsenobenzol, which was not followed by any marked reaction; on the fifth day following he died suddenly of heart paralysis. Autopsy showed no other cause of death than acute parenchymatous degeneration of all the organs. This was surely not a case coming under the instructions of caution in which it should have been given, as a more decided evidence of vascular degeneration could not have been required than evidenced by the previous history. While these mishaps are serious when considered in themselves, we must compare them with the wonderful results obtained in the remaining thousands of

cases, in order to draw correct conclusions.

In the future outcome of the remedy, however, we cannot but hope for an elimination of these accidents, whether this will follow an improvement in technic and selection of cases, or by development of a less poisonous compound, as at present promised by Ehrlich, and referred to as his hyperideal compound.

A patient suffering with cardiovascular disease, nephritis or other organic lesion should not receive the injection at this time. Considerable caution was originally advanced regarding the danger in cases of eye involvement. Ehrlich's opinion in a recent letter to Dr. Flexner is favorable as to its benefit in syphilitic affections of the eye, except in cases of optic atrophy.

The mortality resulting from the administration of the remedy depends almost exclusively upon the constitution of the patient. A fact which holds good in all dangerous remedies and in anesthetics.

Just what the further expectations of this wonderful discovery may be is impossible to foretell. We have every reason to accept as proven its value in causing rapid destruction of spirochetes; early disappearance after injection of all skin lesions, including lesions of mucous membranes, and prompt arrest of cachexia and necrosis in malignant cases in which mercury has apparently failed. The most hopeful outlook would seem to be in our early cases; here we have an opportunity of destroying the spirochetes before they have by invasion and development of toxins caused permanent destruction of the tissues.

As a prophylactic measure in rapidly removing the danger of infection from the skin and mucous membranes, its compulsory use is warranted in every early case.

The original claim of curing by one dose has not been realized. In many cases, however, a cure has apparently resulted from a single dose, as shown by cases reported that have remained negative over a period of nearly two years. That it does not accomplish a cure by a single dose, however, is not a factor in disproving its value, as the future will no doubt find many changes regarding dosage and administration before perfection has been reached.

In conclusion, we have a right to presume from an experience of more than 14,000 cases recorded, that in arsenobenzol we have the means of overcoming, and forever eliminating, one of the most dreaded of diseases, and to Professor Ehrlich we owe a debt of gratitude that cannot be expressed in words, nor paid in a generation.

A supply was obtained through the kindness of Dr. Flexner, of the Rockefeller Institute, in November, 1910.

In the following cases the method of Alt in preparing the solution was employed; injected into the gluteal muscles. After treating several cases, the amount of fluid was reduced as follows: The salt was dissolved in 4 c.c. sterile water, then 2 c.c. of 5 per cent. sodium hydrate solution added; the resulting precipitate triturated and sufficient sodium solution added drop by drop until a clear liquid resulted. This method reduces the amount of fluid injected below 10 c.c., which is divided in equal amounts and injected into each gluteal region. The pain following the injection has been greatly modified by this reduction; several patients were able to go about one-half hour after injection.

CASE I—SYPHILITIC PERIOSTITIS.

(Involving the metacarpal bones of the right hand.)

The patient, a colored woman about 35 years of age, had the initial lesion two and a half years ago, which was followed by the small papulo-pustular type of eruption. Her treatment consisted of mercury internally for several months, when, on account of the development of the severe ulcerating type of eruption, treatment by injections of mercury salicylate was substituted. She did not do very well, although under steady treatment, during the intermission in the injections, she would generally relapse. About four months ago, a large gumma developed over the right sterno-clavicular articulation, which subsided without ulcerating under treatment with injections, iodides and mercurial ointment locally. About four weeks ago, a swelling developed over the metacarpal bones of the right hand, accompanied by intense pain; the swelling gradually increased and the accompanying pain became so severe that the slightest movement of the fingers was almost unbearable. X-ray by Dr. Baker showed a necrosis in the head of the second metacarpal bone.

On account of the progressive character under treatment by mercury, it was thought to be a good case for trial of arseno-benzol. On November 8, 1910, she received an injection of 0.5 gms., 20 c.c. preparation; the injection was followed almost immediately by considerable pain at the site of injection; by the following day the pain had subsided somewhat and the patient was resting quite comfortably, although only

twenty-four hours had elapsed, a noticeable improvement in her condition was evident. The swelling was appreciably diminished, and the patient could move the tips of her fingers without causing very much pain.

November 10, temperature ranged to 101 Fahrenheit, and pulse increased to 104, otherwise no unusual symptoms were observed. November 11 (third day) the improvement was remarkable, the pain had entirely disappeared and she could easily flex the fingers. The improvement was uninterrupted, and at the end of a week she had about recovered. At this time she could hold a book with the affected hand, a decided contrast to her previous condition when it was necessary to hold her hand in an immobilized position. Patient is now under observation and is apparently in excellent health. The only noticeable symptom of probable reference to the injection was a puffing of the lower lids which developed three weeks after, but has since disappeared.

CASE 2—EARLY MACULOPAPULAR SYPHILIDE.

Patient was about 40 years of age. He noticed a sore on the prepuce about four months ago; aside from some local treatment, he had neglected his condition. On admission, he was considerably run down in general health, had been drinking heavily and was extremely nervous. Nothing abnormal was noticed in his physical examination. Skin examination showed a well-marked papular eruption accompanied by a leukoplakia, and the initial sclerosis was present on the prepuce at the coronal juncture; adenopathy was marked in the sub-maxillary left inguinal and post cervical glands. November 11, he received an injection of 0.5 gms. of the salt, which was followed by considerable pain both at the site of injection and in the muscles of the legs. On the third day following injection, a marked change was noticeable in the initial lesion; the surface had sunken and presented a depression running lengthwise through its long diameter, corresponding to the coronal juncture; one week later the mucous patches had disappeared, and the lymphatic glands were no longer palpable. His improvement was steady, and in three weeks from the time of injection, all lesions had nearly disappeared, and his general condition was greatly improved. The temperature in this case reached 101 on the third day, and then varied between 99 and 100 for about ten days, when it dropped to normal. The pulse varied with the temperature from 84 to 100. Eight weeks later the serum reaction was still positive. January 19th, he received a second injection of 0.6 gms. (10 c.c. preparation), 5 c.c. in each gluteal region, after which patient remained in a prone position for half an hour and then continued his work about the hospital without much discomfort from the injection. February 2d patient had about recovered; was in good physical condition and the serum reaction negative. Discharged with instructions to report for further observation.

CASE 3—EARLY PAPULO-SQUAMOUS SYPHILIDE.

Patient had a pre-existing chronic psoriasis of about fourteen years' duration, and was selected in order to note the effect of the remedy in this condition; cases of psoriasis with both negative and good results having been reported.

In his physical examination nothing unusual was noticed; the urine showed a few hyaline casts with a specific gravity of 1,024. Injection of 0.5 (20 c.c. preparation) was given on November 22, 1910. He did not complain of the pain as in previous cases, although he said "he did experience more or less," especially on moving about. A mild reaction followed, the temperature ranging to 101 on the third day; pulse 84; the blood showed a leucocyte count of 9,200. The urinary examination was interesting. On admission the specific gravity was 1,024. with hyaline casts; the day following injection there was a faint trace of albumin with blood and hyaline casts; the next day the specific gravity was raised to 1,032, with hyaline and granular casts, and the albumin had disappeared; on the fourth day the only abnormal feature was a high specific gravity; further examination failed to reveal anything abnormal.

Regarding the skin lesions, there was an abrupt arrest and gradual disappearance of the syphilide. At the end of the second week a change in the psoriasis was noticeable, as evidenced by less scaling and infiltration and a few of the lesions had nearly disappeared. The next observation, six weeks later, showed no further improvement in his psoriasis, although all skin manifestations of syphilis had disappeared. Serum reaction was still positive. On February 2d he received a second injection of 0.6 gms. 10 c.c. preparation, followed by only slight pain at the site of injection, which subsided during the night, and patient left the hospital the next morning. February 15, patient has not developed any further symptoms of the disease and serum

reaction is negative. Psoriasis is unimproved.

CASE 4—DR. BELING'S SERVICE.

Charles D., aged 30; single; teamster; born in Newark, N. J.

Family history is negative.

Personal History—Previous to his present illness he has always enjoyed good health. In December, 1908, he applied for treatment at the Newark City Dispensary. He complained of neuralgic pains on the right side of the head, of a week's duration. He had had several such attacks off and on, but could not give definite dates. He had a chancre in 1902. In 1906 he gradually developed a weakness of the right side, the arm being chiefly affected.

In December, 1908, the knee reflexes were exaggerated, the left more than the right; double ankle clonus was present, but no Babinski reflexes; the left arm and hand were spastic and held in a strongly flexed position; the reflexes of the upper extremity were markedly exaggerated; headache was almost continually complained of.

The muscles of the left side of the face were flattened and the mouth drawn slightly to the right; the tongue deviated slightly to the right and showed patches of leucoplakia; the pupils were normal; cranial nerves normal; thoracic and abdominal organs were normal; urine was negative except for a specific gravity of 1,006.

The speech was rather slow and thick. The mental condition was one of dullness and general irritability.

A diagnosis of specific monoplegia was made and the patient treated with increasing doses of potassium iodide and later with protoiodide of mercury. In May, 1909, a slight improvement was noted. He continued to take the same treatment off and on with very little improvement until December, 1910, when he was sent to the neurological ward of the City Hospital for treatment with 606. On December 3, 1910, he was given an injection of salicylate of mercury by the house physician, who was unaware of the proposed treatment. A Wassermann test a week later was found to be negative.

On December 10, 1910, he received an injection of 0.4 grams. Patient complained of slight pain after the injection, but experienced considerable soreness the next day.

A gradual improvement has steadily taken place. The improvement was first noted especially in the last three fingers. At the present time, February 3, 1911, the movements at the shoulder are as good as those of the opposite side, as are also those of the elbow. The wrist movements are somewhat slower than those of the right. The fingers can be fully extended and flexed. The movements of the thumb and forefinger seem to have suffered the most. Concomitantly with the improvement in the extremity there has been a marked general improvement in his mental and physical condition.

CASE 5—RUPIAL AND DEEP ULCERATING SYPHILIDE.

A. S., female, age 39 years, married.

Patient had the initial lesion about six months ago followed by a papular eruption, since which time she has steadily progressed, developing the severe ulcerating type of eruption on various parts of the body and extremities, accompanied by cachexia, loss of weight and physical debility. On admission, physical examination was negative. Urine chemically negative; microscopically shows a few hyaline casts.

January 13, received injection of 0.6 gms. (20 c.c. preparation), followed by considerable pain both at site of injection and in muscles of the legs. January 17, temperature 101 Fahrenheit, pulse 90. January 29 (thirteenth day), temperature has varied between 99 and 100. Patient still has pain in muscles of legs; complains of a feeling of nausea and has had several attacks of vomiting. February 1, temperature and pulse normal, is feeling much better and desires to go home. The skin lesions are markedly improved, ulcerations on the extremities are rapidly filling in, and several rupial lesions have entirely disappeared, leaving only pigmented areas. She was discharged, greatly improved.

CASE 6—INITIAL SCLEROSIS WITH PAPULAR SYPHILIDE AND LEUCOPLAKIA.

W. C., male, age 35 years, married.

January 14, received injection of 0.6 (20 c.c. preparation), followed by considerable pain at site of injection. January 18 (fourth day), slight nausea; temperature 100 Fahrenheit, pulse 98. January 21, nausea has disappeared and patient is feeling very well; still has considerable pain at site of injection. Discharged, with instructions to report.

CASE 7—EARLY MACULO-PAPULAR SYPHILIDE

W. M., female, age 26 years, married.

Physical and urinary examination were negative.

January 17, received injection of 0.6 (10 c.c. preparation). January 20, has not complained of pain; temperature 101 Fahrenheit, pulse 96; leucocyte count, w. b. c.,

6,800; polyneuclears, 80%; lymphocytes, 14%; mono nuclears, 6%.

January 23, temperature and pulse normal; is free from pain, and eruption is less pronounced. Discharged, with instructions to report.

February 15, reported greatly improved; serum reaction is still positive.

CASE 8—HEREDO-SYPHILIS. DR. BELING'S SERVICE.

Family History—Father had syphilis two years before marriage. Mother never showed any decided symptoms, but suffered from headaches since the birth of her first child; had eight children and one miscarriage.

Patient was the first born; nothing unusual was noticed until at the age of 15, when he began to lose his hair, becoming completely bald; the hair gradually regrew, but a year later the hair loss recurred and he became permanently bald.

Examination showed the following conditions: Pupils react rather sluggishly to light, well to accommodation, contour equal; Fundi: papillæ congested, edges blurred, central cup gone, vessels congested; unsteady gait, weakness of lower extremities; knee jerks sluggish; some loss of sensibility in both hands; steady pain in calves of legs and soreness in muscles of both arms; sexual weakness, and loss of libido sexualis. He is considerably worried regarding his condition, and has slight delusions (fears suicide).

January 16, received injection of 0.6 gms. (10 c.c. preparation). January 25, only a slight reaction followed the injection. Discharged to report. February 15, reported an improvement in his general condition, is sleeping better, pain less, gaining in weight, but is still unsteady, and no marked improvement in eye or sexual symptoms have occurred.

CASE 9—HODGKIN'S DISEASE. DR. HAUSSLING'S SERVICE.

As this case is to be reported in full, only a few details to show the result of the injection will be recorded here.

F. C. F., male, age 32 years, married.

Previous history regarding a skin or venereal disease, negative. His present trouble began about two years ago, at which time several glands were removed from the left axilla and supra-clavicular region, following a general adenopathy gradually developed; in the axillæ and cervical regions several glands can be felt as large as a pigeon's egg; in the left cervical region, a mass about the size of an orange has ulcerated, discharging a seropurulent fluid; the accompanying pain extending down the arm, lancinating in character, was so severe as to make it necessary to keep patient constantly semi-narcotized.

On account of the apparent hopelessness of the case, a trial of salvarsan was suggested. His serum reaction tested on the day of injection was positive, although nothing about the condition was indicative of lues.

January 18, he received an injection of about 0.5 (10 c.c. preparation). Patient was in a weak condition, and very nervous at the time of injection; it was intended to give 0.6 gms., but the pain was so severe that only about 4 c.c. of the prepared fluid could be injected in either gluteal region. January 25 (seventh day), no evident reaction from injection; temperature and pulse normal. February 6 (nineteenth day), a general improvement is noticeable; the pain has almost subsided and patient is feeling better. The mass in cervical region is somewhat reduced, and the original growth is macerating, discharging a serous exudation. Serum reaction changed to negative.

CASE 10—EARLY SQUAMOUS SYPHILIDE.

A. K., female, age 20 years, single.

Physical examination was negative.

January 18, received injection 0.6 (10 c.c. preparation). January 21 (third day), temperature and pulse normal, is free from pain and up and about. W. B. C., 7,000; polyneuclears, 68%; lymphocytes, 30%; mononuclears, 2%.

January 28, greatly improved, eruption rapidly fading. Discharged, to report.

February 16, reported feeling very well; eruption has about disappeared, and patient is back to work; serum reaction is still positive.

CASE 11.

M. S., female, age 63 years.

Patient was transferred from the City Dispensary clinic, where she received treatment at irregular intervals for the past five years. During this time ulcerations varying from dime size to several inches in diameter were treated; the ulcerations readily responded to mercury, but patient could not be impressed with the necessity of continuous treatment and generally discontinued her visits when improved, returning on the occurrence of another ulceration.

Admitted to hospital January 18, 1911. Physical examination negative. Urine chemically negative, microscopically shows a few granular casts; skin shows considerable

scarring on all parts of the body, face and extremities from previous lesions; on the left buttock is a large ulceration about four inches in diameter, and one on the right arm about two inches in diameter.

January 23, temperature since admission shows an evening rise from 100 to 102 Fahrenheit, accompanied by a feeling of malaise, says she has felt tired for months, especially at night. Received injection of 0.6 (10 c.c. preparation). January 28 (fifth day), temperature and pulse normal and patient is feeling much better; complained of only slight pain from injection. February 6, is greatly improved, ulcerations have filled in and are greatly reduced in extent.

CASE 12—ADVANCED TABES. DR. BELING'S SERVICE.

McK., male, age 46 years; father of three children, all in good health.

Patient had the initial lesion 26 years ago, which was followed by a generalized eruption and hair loss. He was treated at a hospital clinic for about a month, after which he resorted to various advertised blood remedies. His present trouble began about 14 years ago and has been steadily progressive. Examination shows the following conditions: Irregularity of pupils, Argyl-Robertson reaction, optic discs, edges clear, veins large, slightly pale, more pallor in left. Cystic weakness chiefly detrusor. Lower extremities; absence of knee jerks; static ataxia; loss of sense of position and passive discrimination; diminished vibration sensation in left leg. January 28, received injection of 0.3 (10 c.c. preparation). January 29, temperature normal; pulse 100. Has had a diarrhœa all night which prevented his sleeping, otherwise nothing abnormal noticed.

January 31, he was discharged, to report later.

February 15, serum reaction negative; general condition somewhat improved; has less pain and seems more certain in his gait; no noticeable change regarding eye symptoms, and still has difficulty in urinating.

CASE 13—EARLY MACULO-PAPULAR SYPHILIDE WITH ADENOPATHY AND LEUCOPLAKIA.

G. H., male, age 21 years, single.

Physical examination negative. Urine chemically shows a trace of albumin; microscopically negative.

January 26, received injection 0.6 (10 c.c. preparation), followed by slight pain at site of injection. January 30, temperature 99.3, pulse 100. January 31, temperature and pulse normal. Is free from pain, general condition improved, tongue less painful. Discharged improved.

February 15, reported greatly improved, all lesions having disappeared.

CASE 14—ADVANCED TABES. DR. BELING'S SERVICE.

W. M., male, age 46 years, single.

Patient had the initial lesion twenty-one years ago, followed by a mild secondary period; the only symptom during the first year was a leucoplakia, which responded to mercury.

His present symptoms began about ten years ago with sharp pains in the muscles of the legs. He has gradually lost weight, and his general condition deteriorated so that he becomes tired on the slightest exertion.

Visceral examination was negative. Symptoms referrable to present condition: Argyl-Robertson pupil; impaired vision; slight nystagmus; girdle pains; cystic weakness; reflexes sluggish; static ataxia; well-marked Romberg's sign.

February 2, received injection 0.35 gms. into right gluteal region. February 4, temperature 100 Fahrenheit, pulse 104. Leucocyte count, w. b. c., 11,600; polyneuclears, 78%; lymphocytes, 20%; eosinophils, 1%; transitionals, 1%.

February 5, temperature and pulse normal; is free from pain and desires to go home. Discharged, with instructions to return in two weeks for second injection.

February 9, patient reports a marked improvement in his general condition; says "he feels as if he were in Paradise." The constant pain he suffered previous to injection has disappeared; he was compelled to rely on morphine to induce sleep, and has not taken any since injection; his sight had decreased until very strong glasses were necessary, now he can read without them. He has also regained cystic control.

CASE 15—EROSIVE MUCOUSPLAQUE.

J. H., male, age 40, single.

Patient had the initial lesion thirty years ago, followed by an eruption and mucous patches; was under treatment about three months, and since has had treatment at irregular intervals for pains in his legs; otherwise no other evidence of the disease was noticed.

Physical examination was negative. Reflexes and sight normal.

February 3, received injection 0.6 (10 c.c. preparation). Patient complained of severe pain at the site of injection for sev-

eral hours, gradually disappearing toward morning. February 4, patient desired to leave hospital, as he was feeling good and quite free from pain. Discharged to report.

February 15, patient is feeling good and the ulceration in mouth is less in extent; serum reaction is negative.

CASE 16—INITIAL LESION WITH EARLY SECONDARY ERUPTION.

H. H., male, age 21 years, single. In good physical condition.

February 3, received injection 0.6 (10 c.c. preparation), only slightly painful. February 4, temperature 100 Fahrenheit, pulse 98; w. b. c., 16,400; polynuclears, 76%; lymphocytes, 23%; transitionals, 1%.

February 5, temperature and pulse normal, patient feeling good. Discharged to report.

CASE 17—RUPIAL AND SLOUGHING SYPHILIDE

C. P., male, age 45, married.

He was admitted to the hospital about one year ago, at which time he presented an extensive ulceration involving the lips and cheek. The lips had sloughed away almost completely, exposing the teeth and gums; a rupial eruption was present on the upper and lower extremities; patient was greatly reduced in general health and had lost weight, emaciating until he presented a skeletal appearance. Injections of mercury salicylate controlled the ulcerations; his general condition improved, and he gradually regained his former weight. He was about to be transferred to the surgical division for a plastic operation to overcome the deformity of the mouth, when a slight relapse of the ulceration occurred. His serum reaction was found positive.

January 26, he received an injection of 0.6 gms. (10 c.c. preparation). February 6, the reaction following injection was very slight, and patient says he did not suffer much more than from some of the mercurial injections. The ulceration and infiltration was abruptly arrested. February 16, ulceration completely healed and serum reaction negative. Transferred to surgical division.

The Wassermann test (Nogouchi modification) was applied by Dr. Martland in each case at the time of injection, and with one exception (Case 4) all showed a positive reaction. Further tests are being made at stated intervals, and those who do not change to negative in six weeks are to receive a second injection; only the early cases treated have thus far reached this period. Case 1 failed to report. Case 2 was still positive and received a second injection; two weeks later the reaction had changed to negative. Case 3 was strongly positive, received a second injection, and two weeks later the reaction was negative. Regarding the later cases, Numbers 9, 12, 15 and 17 changed to negative with one injection. No. 4 was negative at the time of injection and remained so.

It will not be possible to render a full report regarding the outcome of this phase of the remedy, but it is more than reasonable to presume that a negative reaction can be assured by repeated doses in all those that do not respond to an initial one.

47 New street.

TONSILLAR HYPERTROPHY BRIEFLY CONSIDERED, WITH SPECIAL REFERENCE TO THE ANATOMY, SURGICAL TREATMENT AND OPERATIVE DANGERS.*

By RUFUS B. SCARLETT, M. D., TRENTON, N. J.

The dangers of tonsillar hypertrophy in children have been studied so carefully by Goodale, Wright, Wood, Brown, Jacobi and others, and the results of their investigations have been presented at various times in such a masterly and forcible manner, that it may appear somewhat presumptuous on my part to attempt a paper on the same subject, but until such dangers are readily recognized and their true significance fully appreciated by the general practitioner, any contribution that will have for its object the awakening of the interests of the medical attendant seems justifiable.

It will be recalled that the faucial tonsils are two almond-shaped masses of lymphoid tissue, situated on either side of the oropharynx, bounded in front by the anterior pillar of the fauces containing the palatoglossus muscle; and in the rear by the posterior pillar containing the palato-pharyneus muscle. The tonsils make their appearance between the third and sixth month of gestation, reaching their full size about the sixth year, after which time they undergo an atrophic change until the twelfth year.

The crypts, formed by the invagination of the epithelium, are variable; their number depending upon the size and condition of the tonsil at the time of the examination. The average number can be placed anywhere from 8 to 18. It will be seen on careful observation that the larger crypts are in the upper half. Those whose ori-

* Read before the Mercer County Medical Society, January 10, 1911.

fices open into the supratonsillar fossa are the ones which concern us the most in the consideration of systemic infections, for they are usually filled with caseous masses when the tonsil is hypertrophied. The lacunæ in the lower half of the tonsil are usually free from exudate, owing to their downward direction and to the action of the palatine muscles during deglutition.

The pharyngeal tonsil is a median mass of lymphoid tissue situated in the postero-superior wall of the pharynx, and when hypertrophied is spoken of as adenoids. Even without enlargement, the postnasal space in the child is nearly filled by this gland, which measures in the median line nearly 1 c.m. It can be readily appreciated, therefore, that any increase in the size of this organ may produce practically complete obstruction of the nasopharynx, and cause the small patient to suffer accordingly.

The blood supply to the tonsils is variable and the vessels, arranged somewhat irregularly, are from the larger trunks in the neighborhood. The main supply is derived from the ascending palatine and the tonsillar branches of the facial, the ascending pharyngeal of the external carotid, and the dorsalis linguæ of the lingual.

The lymphatics of the tonsillar glands are important in the consideration of systemic infections, for it is now a well-accepted truth that it is usually through these channels that the offending organisms or their toxins make their way for a more or less general involvement. Wood[1] has shown by his extensive experiments and careful dissections that the enlargement of the "tonsillar gland," palpable just below and behind the angle of the jaw, is significant of infection having gained entrance through the faucial tonsil. Enlargement of this gland is not infrequently the first indication of the beginning of a tuberculous cervical adenitis. With the early removal of the tonsils, the swollen glands will disappear in the great majority of cases. "Infection entering through the pharyngeal tonsil involves the lymph glands just beneath the posterior border of the sterno-cleido-mastoid." (Wood). Recent investigations show an intimate anatomical and physiological relationship between the tonsillar region of the throat and the apices of the lungs, and seem to point to the possibility of the tonsils being the portals of entry, thence through the lymphatics, for many cases of tuberculosis of the pulmonary organs.

In considering the vital structures in the neighborhood, we find that in close proximity, 1.5 c.m. backward from the tonsil, is the internal carotid artery, and 2 c.m. backward and outward is the external carotid artery, being separated from the tonsil by the superior constrictor and the stylopharyngeus muscles. Another important structure in close relation to the tonsil, and one frequently affected when hypertrophy exists, is the Eustachian tube, situated from 1 to 1.5 c.m. above and a little posterior. Not only does the enlarged faucial tonsil sometimes extend a short distance along the course of the tube, but the pharyngeal tonsil when hypertrophied frequently surrounds the pharyngeal orifice to such an extent as to interfere with proper ventilation of the middle ear, thereby producing a condition of Eustachian catarrh and subsequent deafness.

Source of Infection— Various authors have shown as the result of carefully performed experiments and widely conducted investigations that the crypts are the depositories for invading bacteria, and that from these points the organisms effect an entrance into the system in some way or other through the lining epithelium. This belief, no doubt, is encouraged by the ease with which pigments penetrate the tonsils, although the presence of bacteria has not as yet been detected with as great facility. It is believed by Brown[2], Wright[3] and others that the micro-organisms do not enter the tonsillar stroma as readily as do the pigments, and even when success is evident, their virulence is probably lessened by the phagocytic action of the cells within the organ. Thus the tonsils are looked upon by not a few as protective agents also.

Causes of Tonsillar Hypertrophy—Several theories have been advanced by men of prominence as to the cause of tonsillar hypertrophy, and the almost convincing evidence that frequently is associated with the cases cited leads one to consider these opinions with wholesome respect. White[4] refers to heredity as an important factor, and while a congenital origin has also been suggested, Packard[5] is doubtful of this source. He mentions the fact, however, that nasal catarrh is often noticeable in infants in whom there is a subsequent development of adenoid vegetations. Osler[6] calls attention to the possibility of a disturbance of the general lymphatic system, simulating status lymphaticus. Climatic disturbances, unhygienic surroundings, improper exercise, scant clothing and deficient food have all been suggested. There are those who look

upon the tonsils as organs of defence, instead of sources of infection, and enlarging as they do because of frequent calls to action.

The indications for surgical interference in tonsillar hypertrophy are usually quite well marked and not infrequently are readily recognized by the laity. Difficulty, or even inability, to breathe through the nose; the open mouth; the noisy respirations, especially when asleep; the pinched nostrils; the susceptibility to recurring attacks of cold; a persistent coryza; stupidity of perception; digestive upset; interference with the normal ventilation of the middle ear, thus producing deafness and not infrequently infection of this cavity. All of these symptoms are of importance and each one should be carefully considered, but all are not necessarily present at the same time.

Numerous methods for the treatment of hypertrophied tonsils have in the course of time been suggested. Cauterants and astringents have been faithfully used and still have a certain number of advocates, but in the light of our present knowledge and improved technic, these methods are now considered timid and obsolete procedures. Various operations have been devised, and they all seem to have their virtues, especially in selected cases. The treatment, however, does not always call for surgical interference. Cases of tonsillar hypertrophy are sometimes encountered in which symptoms of a detrimental nature are not manifested, and in which the child appears healthy in every respect. While I have seen a number of cases of this sort, I have especially in mind a small nephew of about four years of age, who is the healthiest of three children, and in whom the tonsils are plainly seen projecting beyond the pillars of the fauces. The other two children of the family have been operated upon with marked improvement in their condition, but in view of our ignorance of the true function of the tonsils, I cannot help but feel that it would be a mistake to subject the third child to an operation in the absence of symptoms necessitating such a procedure, and thereby rob the economy of any normal function that might remain in these glands.

The selection of any particular operation depends upon the fancy and experience of the operator and the accessibility of the tonsils. To insure the best results, the patient should be admitted to the hospital the day before in order to be carefully prepared. After the administration of the anesthetic the patient is usually retained in the same recumbent position, although some prefer the sitting posture, while others prefer that the child should be placed on its side. A simple and satisfactory method for the removal of the enlarged glands, and one, in part, referred to by Casselberry[7], is to free the anterior and posterior pillars, pull the tonsil out of its bed with a suitable pair of forceps, thread the tonsillitome and sever the remaining attachments. In the great majority of cases, if a reasonable amount of care is exercised as to the freeing of the pillars and the inserting of the guillotine into proper position, the tonsil will be enucleated. If perchance extirpation is not complete and any tonsillar tissue is found remaining, it can be readily removed with the tonsillar punch, the use of which should always be with considerable caution.

Of late years the cold wire snare seems to have met with much favor among a certain class of operators. Its successful use depends upon a careful and almost complete dissection of the tonsil before its application. The free dissection guards against injury to the pillars and the uvula by the drawing of these structures into the loop, and also permits a complete removal of the gland. While there may be less bleeding at the time of the operation, there appears a greater tendency to edema and secondary hemorrhage, undoubtedly owing to the fact that the snare is not a cutting instrument, and the tonsillar attachments are severed by a tearing or crushing, separating to a certain extent the subtonsillar tissues and permitting an extravasation of serum and possibly blood from the smaller vessels. Ballenger[8] saw a patient exsanguinated in ten minutes and in bed for three weeks following the use of the snare, and Freer[9] refers to an instance in which throat gangrene developed and death resulted from ulcerative endocarditis. Casselberry[10] uses the snare less in children now than formerly, one reason being the tendency to secondary hemorrhage.

In a paper before the Pennsylvania State Medical Society in 1907, Marshall[11], while strongly advocating the total extirpation of the tonsils, differed somewhat from the above method in the mode of procedure. He grasps the tonsil with forceps, dissects it free from its arches and membrane, and then turns the gland out of its bed by the spoon end of the same dissector. Without changing the grip on the tonsil, a double

curved pair of scissors is used to snip the tissues that hold the under surface of the gland. Pynchon[12] practically does the same operation, but with specially devised forceps and scissors. The latter author[13] has also described a "Tonsillectomy by Electrocautery Dissection," which likewise permits the complete removal of the gland, but inflammatory reaction resulting from this method is usually marked and there is apt to be secondary hemorrhage which is hard to suppress.

In removing the mass of adenoid tissue in the nasopharynx, the Gottstein curette or the French adenoid forceps is generally used, with slight preference for the latter instrument, because of the ability to shave around the orifice of the Eustachian tube without injury, the repair of which might lead to occlusion of the mouth of the Eustachian tube, and subsequent deafness in the ear on that side. This instrument was especially applicable in the case of my small niece, in whom the greater bulk of the tissue was around the orifice of the right tube, while a smaller mass surrounded the left. If the adenoid mass is in the median line, as in the majority of cases, it can be readily removed with either instrument, although the variation in the size and shape of the nasopharynx in children makes it difficult to perfect an instrument suitable for all cases.

The beneficial results following the removal of hypertrophied tonsils that have been offending are usually most gratifying. Mayer[14] knew of two brothers, neither one of whom was free from tonsillitis for a period of two months. The physician previously consulted made a false diagnosis of diphtheria, and on several occasions incurred the fear of his two patients by injecting diphtheritic antitoxin. Extirpation of the faucial tonsils and the removal of the adenoid tissue was the means of affecting a cure. Casselberry[15] had an interesting case of a boy, who, after attacks of tonsilitis, would suffer from polyarthritis, which was thought to be of rheumatic origin. His tonsils were not only increased in size, but contained multiple puriform foci. With the removal of the tonsils, both the tonsillitis and the secondary attacks of arthritis disappeared. During a discussion at the meeting of the Pennsylvania State Medical Society in 1908, the writer mentioned a case operated on about three months previously for Dr. J. C. Gittings, which showed marked improvement. The patient was a frail, puny child of about six years of age and was suffering from deafness and pain in the ears. Examination showed normal ear drums, but somewhat retracted. The nasopharynx was almost completely blocked. The faucial tonsils and a large adenoid were removed five days before the Fourth of July. By the time of the celebration of the anniversary of our independence, hearing had become so acute and the auditory apparatus so sensitive to loud noises that the parents found it necessary to put cotton in the child's ears because of the intensity of the concussions to the youngster. A delicate niece found health and strength following the removal of tonsils and adenoids, which had been the cause of repeated colds, and on one occasion, an acute suppurative otitis media, which necessitated paracentesis. Still another case, operated upon over three years ago, had had a continual discharge from the ear for a couple of years. Two days after the removal of a large adenoid, the discharge ceased and the ear remained dry for at least a year, when the boy was lost sight of. Unfortunately the destructive changes which had already taken place in this case, and which appeared to be limited to only the ossicles and tympanic membrane, did not permit a restoration of the hearing to normal.

The principal danger in the removal of hypertrophied tonsils is the possibility of hemorrhage. This may be due to the puncture of a fair sized blood vessel in the neighborhood as the result of faulty technic, or to the fact that it is abnormally placed. The danger of hemorrhage is also increased by traumatism to the pillars. While under ordinary circumstances the larger vessels of the neck are too deeply situated to be injured, carelessness or a fault in technic may result in unexpected complications. A year or so ago a prominent specialist in Philadelphia encountered an alarming hemorrhage from a vessel which had its course over the surface of a hypertrophied tonsil, and control was only accomplished by suturing the pillars. In one of his early cases the writer punctured a small plexus of veins toward the lower border of the left tonsil. For a time the flow of blood was free and anything but pleasant, but the bleeding was controlled before the patient left the table and the child suffered no ill effects.

In 1904 Packard[16] presented before the American Laryngological Association a tabulation of the fatal results of operations on the nose and throat. Fourteen deaths

from hemorrhage followed the operation for the removal of adenoids or tonsils or both. Recently the same author reported before the section on otology and laryngology of the College of Physicians of Philadelphia a sudden death following the removal of tonsils and adenoids. There was no more than the usual bleeding, and the patient had recovered entirely from the anesthetic and had conversed with those in the room. Symptoms of collapse suddenly appeared six hours after the operation and the patient quickly succumbed. While no autopsy was allowed, the case was suspected to be one of status lymphaticus. Wachenheim[17] reported two cases of adenoid removal in which secondary hemorrhage after five days caused him considerable uneasiness. Delayed secondary hemorrhage is unusual, but is sometimes met with as evidenced by the cases reported.

Pynchon[18] emphasizes the importance of this operation, and states that it should not be underestimated. He calls attention to the fact that the difficulties to be encountered, besides operating in a small cavity, are "operating in the channel of respiration, which must not be occluded with blood or otherwise; occupying a field jointly with the anesthetist, who should always be given preference; operating on a patient who may be said to be semi-asphyxiated from defective respiration, whereby the blood has become overladen with carbon dioxid and underoxygenated for possibly several years, thereby increasing both the difficulty and the danger of the anesthesia; operating in close promixity to important vessels, and at all times in a region rich in blood supply, necessitating a field more or less obscured in blood; operating in a field of the nerves of which, when irritated, may by reflex action through the pneumogastric unfavorably affect the heart's action." Thus it will be seen that an operation which many look upon as a simple procedure cannot be thoroughly done without incurring certain risks.

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CAN THE FUTURE SEX OF THE FAMILY BE CONTROLLED AT WILL BY THE PARENTS?*

BY WILLIAM W. KAIN, M. D.,
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About a year ago I came into possession of a small book written by E. Rumley Dawson, of London, England, entitled, "The Secret of Sex," and after reading it, I decided to follow up the argument he used, and see if it would hold good in my experience. The results I will give later on.

While condensing a book into a paper of this size, it is necessary to change the phraseology, which I have done, without in the least altering the sense, while in places I will quote paragraphs verbatim.

Life itself is a mystery, and the causation of sex is a subject which has been rife with speculation for many hundreds of years. For we are told that Hippocrates, Galen, Leeuwenhock and others expressed their opinions, and that Honcke in 1786 wrote a book on the subject. But I think that Dawson has given us the most correct theory that has been advanced to the present date. I have, therefore, brought this subject before you to-night, not as anything original on my part, but to encourage any one who may feel interested enough in the subject to follow it up for themselves. For, if the question propounded can be satisfactorily answered, it may mean much in some families where a male descendant is desired only to be met by disappointment. We know that in Russia the royal family was very anxious to have a son for political reasons, but four girls were born in succes-

*Read before the Camden City Medical Society, January 3, 1911.

sion, then a boy arrived to cheer their hearts and dispel their gloom.

Anatomists tell us that in the human embryo the surface of each ovary is covered with a thick layer of oblong cells—the germinal epithelium—and from this germinal epithelium all the ova are eventually developed. Downward growths of this epithelium take place into the substance of the ovary, and from these cells the Graafian follicles are formed. This process goes on in intrauterine life, and at birth have the full number of ova, though in an immature state, that the adult ovaries contain.

If we should say to one of our female patients that if *all* of the ova contained within her ovaries would mature and be properly fertilized she would produce enough offspring to populate a city of fifty thousand inhabitants, she would consider us fit subjects for an insane asylum, but anatomists tell us such is the case.

The microscope has not been able to show us any difference in the structure of the ovas, but Dawson maintains that there is a definite and unalterable difference, which we will consider later.

There being two ovaries—a right and a left—it naturally follows (and autopsies have proven it) that ovulation takes place alternately from each, except when a Graafian follicle may rupture simultaneously and discharge one or more ovas from one or both ovaries; but single ovulation is the rule, and multiple the exception. In support of this statement Dawson cites the autopsies of several cases, three of which I will quote as representing them all. He says:

"That unilateral ovulation is the rule is proved post mortem by cases where only a few and definite number of menstrual periods have occurred. We are then able to see and count the cicatricial pits or scars, the remains of the corpora lutea, and find them in the *two ovaries together to equal the number of periods passed.*

"A young woman died under my care. She had menstruated three times. The surfaces of one ovary presented two cicatrices; that of the other, one.

"Jane C——, aged eighteen, died of consumption. She had menstruated only six times. We could readily detect five depressions or cicatrices—three on one, two on the other ovary; of a sixth we were doubtful.

"A young unmarried female whom he knew had menstruated about thirty-six times.

"The ovaries presented several indentations or small cicatrices about the size of mustard seeds. From thirty-two to thirty-four of these marks could be detected—about eighteen in one, and sixteen in the other ovary."

To quote Dawson again, he says:

"This brings me now to the dominant influence of the supplying ovary over the sex of the resulting fœtus. The supplying ovary is in reality the *esesntial factor in the causation of sex.* This, then, is my theory, that the sex of the fœtus is *not* due to the male parent, but depends on which ovary supplied the ovum which was fertilized, and so became that fœtus. I find that a *male* fœtus is due to the fertilization of an ovum that came from the *right* ovary, and a *female* fœtus is due to the fertilization of an ovum that came from the *left* ovary.

"*First,* my theory maintains that the *male* parent has *no* influence in the causation of sex, which rests entirely with the *female.* She has in her two ovaries the already definitely sexed ova ready only for the fertilizing action of the male semen, so that, though the male fertilizes the ripened ovum, he does not cause its sex. No theory which I can discover has hitherto entirely dissociated the *male* parent, as I do; hence it is entitled to be called a new theory. Every theory in which the father is credited with being partly responsible for sex causation differs materially from mine.

Secondly, my theory maintains that *male* ova are restricted to and come only from the *right* ovary, and *female* ova only from the *left* ovary. It matters not from which testicle the spermatozoon is derived which fertilizes the ovum, the essential point being that sex is due to the ova always having their definite and unalterable sex prior even to ovulation."

This theory may wound the pride or vanity of the father who looks upon his offspring and proudly says, "My son," or "My daughter," as though he were responsible for their sex. For if this theory is true, it is the mother only who is responsible for the sex of their children.

In support of the theory that the male parent has no part in the causation of the sex of their offspring, he (Dawson) cites a number of cases a few of which I will quote:

"Mrs. V. L., by her first husband, had two girls; by her second husband, four girls; no boys by either.

"Mrs. S. A., by her first husband, had

two girls; by her second husband, three girls; no boys by either.

"Mrs. P. J., by her first husband, had five girls; by her second husband, one girl; no boys by either.

"Mrs. R. L., by her first husband, had one girl; by her second husband, three girls; no boys by either.

"Mrs. P. B., by her first husband, had two girls; by her second husband, two girls; no boys by either.

If the father had any part in producing the sex of these children there surely would have been some boys. Dawson states that these women must have been unilaterally sterile. He also gives in detail a number of cases of unilateral ovariotomy where subsequent pregnancy ensued, showing that where the right ovary was entirely removed only girls were born, and where the left ovary was entirely removed only boys were born.

I will now give you cases taken from my own practice, just as they come, excluding, of course, primiparas and those in which I could not get any definite history regarding their menstrual periods, or where miscarriages upset the regular order of menstruation. These cases it would be useless to record.

These women were not helped by me so as to make their statements correspond to this theory, but were made by them without any prompting on my part, other than to insist on careful and correct answers to my questions, and notes were made at the time. If, as stated, ovulation takes place alternately from the right and left ovary, then, in the following histories the even number of menstrual periods will represent the same sex of child as the last, while the odd number of menstrual periods will represent the opposite sex of child from the last one born.

For example: If the last child born was a boy, the ovum which produced it came from the right ovary, and as ovulation ceases when pregnancy begins, the next ovum to be expelled after the termination of pregnancy will be from the opposite, or left, ovary, and continuing alternately until interrupted.

Mrs. G.—Anæmic and irregular with her menses. A boy was born July 29, 1909; died five days after; she menstruated in August, and the last of September became pregnant and a boy was born July 7, 1910 (even number of menstrual periods, same sex).

Mrs. K.—Regular every 28 days; boy born October 22, 1908; nursed him five weeks, when milk dried; resumed her periods December, 1908, and continued regularly until October 29, 1909, having ten menstrual periods; became pregnant and gave birth to a boy July 5, 1910 (even number of menstrual periods, same sex).

Mrs. H.—Boy born February 14, 1909; nursed him four or five months, when milk dried; menstruated once only, the last of September, 1909; became pregnant, and a girl was born July 7, 1910 (odd number of menstrual periods, opposite sex).

Mrs. K.—Menstruation irregular; a girl was born July 15, 1909; she had her periods once only, the early part of October, 1909; again became pregnant, a boy was born July 8, 1910 (odd periods, opposite sex).

Mrs. G.—Boy born August 16, 1908; had her periods once in November, 1908; became pregnant, a girl was born August 20, 1909; became pregnant again without menstruating; gave birth to a boy, July 4, 1910.

Mrs. V.—Girl born, March 17, 1909; died when a week old; she menstruated twice, once in June and again in August, 1909; became pregnant and a boy was born July 9, 1909. This is a case of ovulation without menstruation, for, counting the normal period of gestation as 280 days, pregnancy began October 2, 1909. As the period of quickening did not correspond with the last menstrual period, I told the mother that if her baby was born in June it would be a girl; if in July, a boy.

Mrs. S.—Boy born April 11, 1907, died when four days old. Resumed her menstrual periods the next month, had it May, June and July; became pregnant, and miscarried in September, and, according to our theory, this was a girl. Periods resumed October and continued monthly until December, 1909, making fifteen periods. Became pregnant, and a boy was born September 11, 1910.

Mrs. C.—Gave birth to a girl October 15, 1908; she nursed baby, menstruated May and June, 1909; became pregnant, and a boy was born April 24, 1910. Counting 280 days, gestation began July 18, 1909. This is a similar case to Mrs. V. and the sex was foretold in the same way.

Mrs. B.—A girl born October 24, 1907; nursed baby; menstruated in August and September, 1908, and again became pregnant; gave birth to a girl June 19, 1909; did not nurse baby; periods resumed August, 1909, and menstruated four times; became pregnant and gave birth to twin girls, July 22, 1910. There was a single placenta,

with a membranous partition. (All even menstrual periods, same sex.)

Mrs. O.—Girl born October 16, 1908; resumed her normal periods latter part of June, 1909, continuing until November, 1909, having six periods; became pregnant, girl born August 11, 1910.

Mrs. W.—Girl born August 9, 1909; nursed baby two weeks, when milk dried; menstruated in November, December, 1909, and January, 1910; became pregnant, boy born October 23, 1910 (odd periods, opposite sex).

Mrs. C.—Girl born August 1, 1909; menstruated once only, January, 1910; boy born October 9, 1910.

Mrs. D.—First baby, a girl, born December 11, 1908; nursed her for about a year; menstruated in January and the last of February, 1910; time of expected confinement, December 2, 1910; was delivered prematurely on October 25, 1910, of twin girls; one baby died in two hours, and the other was kept alive with cotton and hot water bottles and is still living. There was one placenta with a membranous partition.

Mrs. R.—Periods regular every month. Boy born March 30, 1909; did not nurse the baby; menstruation resumed July same year, continuing regularly until January 1, 1910, making seven periods; became pregnant and miscarried March 1, 1910. I did not attend her at that time, but, according to our theory, this was a girl (odd periods, opposite sex). She had her periods once only, in April, and again became pregnant; time of expected delivery January 12, 1911; was delivered on December 13, 1910, of a boy, which had the appearance of being an eight-month baby (odd periods after miscarriage, opposite sex). She moved and was putting her house in order when she was confined, which presumably was the cause of the premature birth.

In five of the above cases I correctly foretold the sex; the others I did not have an opportunity to interview the pregnant woman beforehand as I was engaged by other members of the family whom she sent to see me, as they were all regular patients of mine, and the histories I obtained from the woman after her labor.

We now come to the answer to the question propounded in the caption of this paper. And in view of the evidence which I have produced, I think the question can safely be answered in the affirmative. And for results the following questions must be correctly answered by the mother:

When was your last child born?

Was it a boy or a girl?

Did you nurse it?

Keep an accurate account when you first became unwell.

Are your periods regular and how often?

Do you wish your next child to be of the same sex as the last one born or not?

For if you want your next child to be of the same sex as the last one, you must *not* allow yourself to become pregnant on the *odd* number of your menstrual periods. If you want a different sexed child from the last one, you must *not* allow yourself to become pregnant on the *even* number of your menstrual periods.

You note that I suggest that we arrange matters with the mother; for, while the father may think with pride of the coming offspring as one who shall bear her name, it remains with the mother whether this offspring shall rule the business or financial world as a king, or dominate the social circles in which she moves as a queen.

MEDICAL EXPERT TESTIMONY.*

By George A. Rogers, M. D.,
Newark, N. J.

My apology for entering into a discussion of this much-hackneyed subject is, first, its vital importance to the medical profession, and, second, the fact that the mercenary perversion of medical expert testimony has reached a point in this country, and—what is of more immediate interest to us—in the city of Newark incidentally, which is a crying disgrace to the profession. It causes the testimony of every medical expert witness to be regarded with suspicion, if not with contempt, as the grossly biased statement of a purchased advocate, who will not hesitate to perjure himself, if by so doing he can advance the interests of his employers and earn his fee. The enormous fees which wealthy individuals or corporations will pay to an accomplished and resourceful medical perjurer in cases involving large sums of money, or even the life or liberty of an individual, have proved such a temptation to certain physicians that there are to be found in every city of any considerable size medical men of local or even national reputation, whose reputation or—to speak more correctly—whose notoriety, rests chiefly or exclusively upon the fact that they have succeeded in effecting a miscarriage of justice in one or more much-adver-

*Read before the Newark Medical Society, October 25, 1910.

tised cases of great importance to the community; insomuch that any physician, lawyer or ordinary newspaper reader can safely predict that their testimony in any given case will be rendered in favor of whichever side may be prepared to offer the more attractive fee.

And, just here, you will allow me to emphasize the fact that I do not wish to be understood as arraigning medical experts as a class. I am well aware that very many physicians who frequently have occasion to testify in court are absolutely conscientious and will refuse to go on the stand in the interest of any case which they do not believe to be a just one. The average medical man has a certain conscious or unconscious bias in favor of the side which he represents, which, to my mind, is perfectly consistent with honesty of purpose, and, probably, even with propriety, so long as it does not militate against the absolute truthfulness of his testimony. My present censure is applied only to that class of medical men, numerically considerable but proportionately small, who habitually, deliberately, knowingly, intentionally and unblushingly prostitute their honesty and sell their testimony to the highest bidder, indifferent whether the price be paid for furthering a fraudulent suit against a wealthy corporation, or, on the other hand, for assisting the same corporation in its endeavor to evade its just obligations; or even if it be the reward paid by some criminal who is attempting to escape well-deserved punishment.

It is very apparent that such a lack of honor upon the part of certain physicians, in addition to being a source of discredit to the medical profession at large, is certain to work great injustice to many innocent persons, inasmuch as the judge or jury have frequently no recourse other than to render a verdict in favor of the side which is represented by that physician whose testimony is the more positive, regardless of the fact—concerning which they have no proof—that it may be absolutely untruthful. If, as alas! is too often the cases, there are dishonest physicians on both sides, the only course left open to judge or jury is to decide in favor of the more unblushing and consistent liar. It is frequently perfectly obvious to them that at least one witness or set of witnesses *must* be lying; and, confused as they must often be with the attempt to comprehend technical points, and statements concerning which they are hopelessly in the dark, and confounded as they must frequently be with attempting to reconcile the conflicting statements of the opposed medical experts, the absolute incongruity of which seems to them perfectly apparent, little can we wonder, and small blame can we attach to them, if they say in their haste, "All medical men are liars."

Such odium is very painful for honest men to endure; and it is owing to the unscrupulous conduct of a comparatively small number of unworthy members of the medical profession that medical expert testimony, which ought to be one of the most honorable and honored offices of our profession, has become so discredited in the estimation of the general public that a conscientious and reputable physician may well hesitate before taking upon himself the role of the medical expert witness.

Many are the papers which have been written by our lay brethren, more especially those of the legal profession, in criticism and condemnation of this blot upon our escutcheon, and many have been the rejoinders from among our own ranks, too often couched in terms of palliation or denial.

It appears to the writer that, so far from remaining supine while outsiders call attention to our shortcomings it behooves the medical profession to heed the handwriting on the wall, which in the present instance reads, "Physician, heal thyself," and, in defence of our own fair fame, to do all in our power to bring about the disgrace and discomfiture of our dishonest and unscrupulous colleagues.

Unfortunately, in the vast majority of cases, it is impossible to convict a venal medical expert witness of dishonesty, since his testimony frequently relates chiefly or exclusively to matters concerning the patient's history, injury or illness which may be known only to the physician who has been in charge of the case. In addition to this we have to allow a very broad margin for the honest differences of opinion which so often exist between perfectly sincere physicians concerning so many questions which may be at issue in a trial.

We occasionally meet with cases, however, in which the statements of the witness are so obviously at variance with the truth that the only possible conclusion open to us is that the witness is either dishonest or incompetent. The average physician rarely testifies in court, but in the case of one who frequently appears as a medical expert it becomes easy for us, by a multiplication of evidence, to form a very definite and decid-

ed opinion concerning the value and sincerity of his testimony. This is particularly true of those cases where a patient is presented in court who is said to show evidence of physical injury or disease at the time of the trial. In looking for a remedy, it seems to me that there is but one which is ideal, viz.: that one or more experts should be jointly selected by the two opposing parties, and that these experts should be paid by both sides. In case the two sides should be unable to agree in their choice, the judge might deliver a casting vote. Or each side might choose an expert, and a third might be selected by the two experts originally chosen, or by the court—these three physicians to make a joint report. These plans and similar ones have been suggested before, but it seems that the obstacle to their adoption is that compulsion in the method of choosing an expert would infringe upon the legal rights of the two parties in the case. There remains, however, a certain measure of relief, applicable to selected cases, which is open to the medical profession to avail themselves of, or not, as they see fit. This would consist in having the medical testimony in any given trial reviewed by a special committee appointed for that purpose by the medical council of the local medical society.

This could only be done after the close of the trial, and the decision of the committee could not have any bearing upon the adjudication of the case in point, unless, possibly, as a basis for appeal where it should be found that the case had been decided on the strength of obviously false testimony on the part of one of the medical experts. But the moral weight of the decision of such a committee would be considerable if their report was made to the medical society, and a copy forwarded to the judge who had tried the case.

By this means a physician who was found guilty of habitual perversion might be expelled from the society and discredited in the eyes of the court. It should be the privilege of any physician who has testified in court and who believes that certain medical testimony delivered during the trial has been in open defiance of truth to demand that the medical evidence shall be reviewed by an officially accredited committee of the county medical society. The jurisdiction of the committee should be strictly limited to matters of fact.

In closing, I will say that I have brought up this subject largely with the hope of eliciting discussion. I am sensible of the fact that the plan which I have suggested is open to certain objections. But, nevertheless, I favor its adoption as a tangible and definite step toward the reform of this present and growing evil, until some plan better and capable of wider application shall be brought forward.

WHAT CAN WE DO FOR THE BETTERMENT OF OUR SOCIETY?*

By William J. Burd, M. D.,
Belvidere, N. J.

The subject chosen for discussion at this meeting, "What Can We Do for the Betterment of Our Society?" is, or should be, a live subject for every one of us. I have attended the meetings of the Warren County Medical Society for nearly a quarter of a century, as I attended while yet a student of medicine, and feel that I know some of the needs of our society.

The great drawback has been, and is still, the lack of interest in our meetings. I confess that I have often been bored at the thought of a meeting and felt that the time might be spent more profitably in another manner. No doubt most of you have felt the same way. Why is this? I feel, gentlemen, that the answer to this is—Because we have not made any effort ourselves to make our meetings interesting and profitable; in other words, we have done nothing for the betterment of our society, consequently nothing for the betterment of ourselves, for unquestionably every effort we put forth for the betterment of our society and our fellow practitioners is for our own good and that of our patients.

I believe that only one of our members has ever attended every meeting with the idea of giving the benefit of his experience to the society. Most of us have at different times in a desultory way related some interesting case, being reminded of it by another member relating a similar case which has occurred in his practice.

Four years ago Dr. McCormack, of Kentucky, as the representative of the American Medical Association, visited the county medical societies of this State. The object of Dr. McCormack's visit was to stir up interest in the county societies and to increase the membership.

The place chosen for *this* meeting was the metropolis of Warren County, as the president of the Board of Trade, Dr. Reese,

*Read before the Warren County Medical Society, November 29, 1910.

argued then, as now, that this was the only place in the county of easy acceptability for all our ressidents. Invitations to attend this meeting were sent to all the practicing physicians, as well as to the clergy and the educators of our county.

All the publicity possible was given concerning this meeting in the press of the county and announcements were made from the pulpits of our churches. Eight members of the medical profession of the county attended; two of these were not members of our society and resided outside of Phillipsburg. Drs. Griffith, Reese, Shimer, LaRiew, Curtis and myself being the representatives of our county society who were present. In all there were only fifteen or twenty persons present.

The possibilities for the good of the county society were pointed out by Dr. McCormack and no one hearing him could have failed to be enthused with the idea of endeavoring to build up his own society.

The plan adopted in the societies in the South and West, as shown by Dr. McCormack, is a systematic course of study of different medical subjects. In other words it really amounts to a post-graduate course. Many of the county societies in the South and West have meetings every week or every two weeks. The subjects are assigned and the members present these subjects at the meetings in the form of a lecture.

The history of the study, struggles and success of the Mayo brothers was related by Dr. McCormack as an illustration of what co-operative study had done and what it could do for practitioners in an isolated country town. The fame of these brothers, located in a country town in Minnesota, has spread over the whole world, as you all know.

In conclusion, allow me to again refer to the one member of our society who always had something of value to offer us, and whose example we could well emulate to the betterment of our society and ourselves. Would that I were able to pay a fitting tribute to the memory of Dr. John C. Johnson. The imagination of Rev. Dr. John Watson has given us a noble character in his creation of Dr. Weelum MacLure, but I feel that were the life history of Dr. Johnson written it would reveal a far greater and nobler man that Dr. Weelum MacLure.

For nearly three score years Dr. Johnson rode over the hills and mountains of Northern Warren County, retaining full possession of his strong intellectual faculties and always keeping abreast of the times in spite of his very arduous practice. It was a very rare thing for him to be absent from our meetings and he frequently told me and wrote me how much he enjoyed these meetings.

I believe that should each and every one of us draw inspiration from the life and work of Dr. Johnson and endeavor to do as he did, to present something of interest to the society in a systematic way at every meeting, we would find our meetings more interesting and more helpful in every way.

The more we do for the good of our fellows, the more we do for the good of ourselves and our patients.

We will then the better follow the admonition of,

"Where so e'er thy lot is cast, therewith to be content."

And when life's fitful dream is o'er we can be

"Like one who wraps the drapery of his
couch
About him, and lies down to pleasant
dreams."

A SYNOPSIS OF THE EHRLICH "606" TREATMENT OF SYPHILIS.

By NICHOLAS J. RAMOS, M. D.,
NEWARK, N. J.

So much is being written and reported on the treatment of syphilis by injections of the dioxydiamidoarsenobenzol that one can hardly pick up any medical or lay publication without finding some reference to it. It has been tried now on a very large scale with fairly uniform, satisfactory results by experts throughout the world, and while it is still too early to make positive statements, we may conclude that the "606" treatment or some similar arsenical preparation will be generally adopted in the future.

My own experience has been limited to seeing a few cases treated, but I have not seen a single case which has not been distinctly benefited; I shall not, however, refer in detail to my own limited observations, but review the findings of others, which will, doubtless, be welcomed by those who have not had time to wade through the vast literature of the subject. From the thousands of reported cases by men whose word can be relied upon, we now have the following facts before us:

(1) The danger to life from the 606 injections is practically nil.

(2) The pain, pyrexia and inconvenience to the patient is slight and never gives rise to serious sequelæ.

(3) In all cases there is an improvement, recurrences are rare and a second or third injection, if necessary, is better borne than the first and with equally good results on the symptoms.

(4) While most observers remark that patients remain positive to the Wassermann reaction, for many weeks after the injections, even when all the symptoms have disappeared, this does not prove that the trepanoma continue to be active.

(5) The symptoms, even in the most severe cases, subside usually within three days and rarely persist more than ten days.

(6) The dose varies from 20 to 60 centigrams and the large doses are more necessary in cases of recent infection than in old cases with tertiary lesions.

(7) It does not appear to irritate the kidney in the process of elimination and where albumin is found in the urine, it was only transient.

(8) Amaurosis and other ocular lesions are not observed with the 606 injections.

(9) Besides the disappearance of lesions and headache, the patient's general health always improves and in the cases I personally studied, there was a marked increase in the appetite, with a corresponding increase in weight, improved color, mental activity and cheerfulness, and this was especially gratifying in neurasthenic patients.

(10) Cases which did not respond to mercury at all were benefited by injections of dioxydiamidoarsenobenzol.

(11) The questions as to whether other derivatives of arsenic will be found equally useful to the 606 preparation, whether the injections should be repeated at intervals or whether the mercurial treatment should be abandoned altogether, are still undetermined.

(12) The untoward effects of injections of dioxydiamidoarsenobenzol depend largely as to the method of injection employed and the locality which is selected for the injection.

(13) Local accidents, with the exception of pain, are avoided when the injections are made into the muscles in preference to the subcutaneous cellular tissues. When injected into the gluteal region, the pain is sharp and the buttocks remain tense and doughy for some days, but Milian, of Paris, finds this can be avoided to a great extent if the lumbar muscles are selected. Injections into the scapular angle of men or under the right mamma of women are now rarely recommended. Urticarial eruptions often occur at some distance from the site of the injection and occasionally persist with fever for some days when the abdominal subcutaneous tissues are selected. The intravenous injections, while strongly recommended by Emery of Paris, sometimes give rise to chills and vomiting and require too much technical knowledge for general adaptation. While first recommended by Ehrlich, they are now being replaced by the intramuscular method. The suspensions or emulsions of the 606 preparation are also being given up for the alkaline solution, which is a more concentrated form, but otherwise similar to the intravenous injections.

Counterindications for the use of the 606 injections:

Injections of dioxydiamidoarsenobenzol should not be administered to cachectic subjects, to patients with aneurysms, pronounced arteriosclerosis or ocular symptoms of tabes, on account of the increased blood pressure which the injections bring about. Patients with a weak, flabby myocardium should not be treated at all. The danger, however, to syphilitic neurotics which was as first feared appears, from the general consensus of opinion and experience, to be less than was supposed and some of the best results have been obtained in early nervous manifestations.

While there is no general agreement as to the tehnique to be employed in administering the 606 injections, the following appears to me as simple and practical. Where no manifestations are apparent and the patient has been under a long course of mercurial treatment, a Wassermann should first be taken and an injection of the 606 made only if this gives a positive reaction. The patient should be made to understand that a few days' rest in bed are necessary. The patient is prepared for the injection only after a thorough physical examination and when it is determined that there is no severe arteriosclerosis, myocardial degeneration, aneurysm, eye lesions, etc. The buttocks are aseptically cleansed by an assistant while the injection is being prepared.

Age, sex and vitality must be considered and whether the condition is one of primary, secondary or tertiary syphilis, the dose is regulated accordingly. In the early stages of syphilis with severe lesions, the dose should be 50 centigrams for men in good general health, less for women or those

debilitated, and in old cases, 30 centigrams will suffice.

The dioxydiamidoarsenobenzol is now more easily soluble than formerly and will dissolve in water. The essentials for the injection are: The 606 of undoubted origin in a sealed tube, three graduated 1 c.c. pipettes graduated in one-tenths, normal sodium hydrate solution, sterile distilled water, a glass mortar and pestle. All apparatus and everything employed must be absolutely sterile before use. A 10 c.c. Luer glass syringe is also required.

About 10 c.c. of the water is now placed in the mortar. The pointed end of the tube containing the dose of 606 is now filed and broken off and its contents gradually added to the water, stirring all the time to prevent formation of any insoluble mass. When all is dissolved, the solution should be clear. Now add, with one of the pipettes, drop by drop, enough sodium hydrate solution to precipiate all the 606. The further addition of sodium hydrate redissolves this and it should now be frankly alkaline to litmus paper (sterilized). With another pipette, add, drop by drop, a one per cent. solution of pure acetic acid, until the precipitate again begins to form and the solution still remaines alkaline. Water is now added to make about 20 c.c. in all.

These details are essential because the acid salt of dioxydiamidoarsenobenzol is toxic. The solution is now ready for making the injection.

The Luer syringe is now filled and any air eliminated before attempting to make the injection. The needle is now quickly stabbed deeply into one of the fleshy buttocks, the syringe detached from the needle in order to be sure that no blood vessel has been entered. When this is negative, it is again attached and the injection slowly made into the gluteal muscles. The balance of the liquid is now drawn into the empty syringe and the operation repeated on the other side. Paint over the point of entrance with tincture of iodine, cover with adhesive plaster and make gentle massage around the parts. The patient can then be put to bed and watched.

Usually a little temperature and some soreness and stiffness manifests itself the next day, but gradually these symptoms disappear and in from three to five days the patient is able to go about his business.

The same instructions apply in cases where the lumbar muscles are selected as the site of the injection. In practice, it is found best to divide the dose into two parts, injecting half on either side of the vertebral column.

Recently Lafay and Levy-Bing of Paris have claimed better and painless results with injections made according to the following formula:

℞

Anhydrous lanoline (sterile) . . . . . 1 part
Sesame oil (washed and sterilized) . 9 parts

The sesame oil is easily purified by washing with alcohol and subsequently sterilized. The oily mixture of sesame oil and lanoline is mxed in a glass mortar with the dose of 606, the amount necessary for a dose of 50 centigrams being 3 c.c. only. This suspension of the 606 is drawn into a syringe and injected into the gluteal.

These authors find these injections do not require special syringes or severe technical details, and can, therefore, be made by any one. They give rise to practically no pain, no local reactions, inflammation, induration of the tissues, rise in temperature or pulse rate, even when the dose of 90 centigrams of 606 is administered. The patient can go about his business the next day without inconvenience. By this method, the coagulation of the albuminoids of the tisues is avoided, as well as painful irritation from the alkaline fluid injected, which is inevitable by the other methods.

Effect of Tobacco on Body and Mind.

Dr. George L. Meylan, of Columbia University, in a study of 224 college students from two classes found that 115 were smokers and 108 non-smokers. He makes the following conclusions:

The use of tobacco by adolescents is injurious; there is no scientific evidence that the moderate use of tobacco by healthy, mature men produces any beneficial or injurious physical effects that can be measured; there is an abundance of evidence that tobacco produces injurious effects in (a) certain individuals suffering from various nervous affections, (b) persons with an idiosyncrasy with respect to tobacco, (c) persons who use it excessively. It is generally conceded that the use of tobacco by college students is closely associated with idleness, lack of ambition, lack of application and low scholarship, though these may not be due entirely to the tobacco.

In chronic catarrh, the first suggestion of ethmoidal sinus disease may be the appearance of thick adherent, stringy mucus in the nasopharynx.—Amer. Jour. of Surgery.

Polypi are not merely cystic tumors—they often spring from a base of diseased bone. Removing the polypi does not cure the disease; the affected bone necessarily must be removed. —Amer. Jour. of Surgery.

THE MEDICAL INSPECTION OF SCHOOLS.

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The theoretical as well as practical value to the State of medical inspection of its school children is so obvious, at least to the professional mind, that it is unnecessary to state the numerous arguments in its favor.

The movement, started by medical men many years ago, progressed slowly at first, with little general enthusiasm aroused; but, with ever increasing momentum, it has "developed into a wave of interest in matters that pertain to the health of school children that is now sweeping over the civilized world." Educators and even the general public are beginning to appreciate the economic value of this method of conservation of the most precious of our national resources—the health and physical vigor of our future citizens.

If we glance at the history of this movement we find that in France, as early as 1833, the rudiments of school hygiene were begun. These were gradually evolved into a comprehensive medical and sanitary inspection which was made obligatory in all schools, both public and private, in 1886. The movement was spreading simultaneously over other European countries, and reached a definite, organized system in Belgium in 1874, in Germany in 1889, in Hungary in 1887, in Norway in 1891, in Sweden in 1878, in Roumania in 1899, and in many other countries. England has had a National Medical Inspection Act since 1908. Modern systems have been in operation in Chile since 1888, and a most thorough system in Japan since 1898.

In the United States medical inspection has been largely a matter of municipal authorization. The first medical inspector was Dr. Morse, of New York City, who was appointed in 1892. Boston established a regular system in 1894, Chicago in 1895, Philadelphia in 1898, and so it has spread to many cities. Several States have passed statutes making medical inspection compulsory. New Jersey's law went into effect in 1903, though it was not made compulsory until 1909. It is hoped that the system will ultimately extend to private and parochial schools as well as public schools.

It can thus be seen how broad and far-reaching is the basis on which this valuable method of conserving the health of future generations rests.

In testing the economic value of any system, aside from its theoretical value, statistics and data are absolutely essential. In order, however, to be reliable, or of any value whatever, these statistics must have certain features. Thus they must be accurate, uniform, comprehensive and must cover observations made over a considerable period of time. In this way only can they be of service either for comparison with those of other cities or countries or with statistics bearing on other, though interrelated, educational problems.

This phase of the question has been emphasized by Leonard P. Ayres, in his book, "Laggards in Our Schools." In discussing the relation of physical defects of children to their school progress, he says: "When the personal equation is so important, and methods and standards so little established as in the field of medical inspection, the greatest caution must be exercised in drawing sweeping conclusions from the figures furnished. In so relatively definite a test as that for vision we find the ratio of abnormality ranging from 7 per cent. in Bayonne to 70 per cent. in Cleveland. In a recent examination in Sioux City it was reported that 80 per cent. were defective, while about the same time 18 per cent. were reported from Minneapolis. In Chicopee, Mass., out of five hundred children examined, only one was reported as having perfect teeth—and he had spinal trouble!"

With such extreme variations as these, caused by the personal equation or different standards of uniformity, statistics, as generally given, are of little worth in gauging the true value of this work. To lessen these differences it is of the utmost importance that inspectors be appointed who are capable of making and recording accurate and reliable observations. They should be under the direct supervision of a State medical inspector, who should devote his entire time to the work, visiting the different cities in the State and instructing the local inspectors how to acquire a uniform method of making and recording their observations. The phraseology used in describing the various defects should be as uniform as possible, and circulars of instruction should be given to each examiner, similar to those given to life insurance examiners.

There should also be a National or State physical record card, which should give the results of the examinations according to a fixed standard. Such a card should be concise, plainly interpreted at a glance, and should allow for records covering ten years

—the average length of school life. In this way a pupil transferred from one city to another could have a continuous record kept of his physical condition.

The State of New Jersey has such a physical record card which is used in all its public schools. It is as follows:

District School County

Name Age Date

YEAR	Weight	Height	Inspiration	Expiration	Lungs	Heart	Ears R L	Def. Vis. R.E.V. L.E.V.	Throat	Teeth	Naso-Pharynx	Nasal Septum				General Condition	Date of Last Successful Vaccination
1909																	
1910																	
1911																	
1912																	
1913																	
1914																	
1915																	
1916																	
1917																	
1918																	

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In filling out this card there is at present no uniform system of nomenclature or abbreviations, and each inspector uses his own judgment as to phraseology and description. In going over thousands of such cards for compilation of statistics much time is wasted and the matter is very much complicated. The adoption of some simple system of abbreviation, on the other hand, would make it very easy to gather statistics.

In examining the above card in detail the following points present themselves:

1. There is no specified space for the school grade. This is of vital importance in comparing the age of the pupil with the grade which he should be in. Nor is there any space for the date of the examination. This is also important, as a pupil may be examined, for instance, in April of one school year and in October of the next school year—a period of six months, within the same calendar year, intervening. The growth would then be for half a year rather than a whole year. The date would also have a bearing on the measurements. The amount of clothing would vary with the seasons, and as chest measurements are usually taken over the clothing, they, too, would vary. It has, therefore, been my custom to insert the grade just before the school year, and the day of the month just after it, in the same space, thus: VI., 1909, 10/24.

2. "Year." It is not clearly indicated whether this means the calendar or the school year. I think it should mean the school year, as the law requires an examination once each school year, and two such examinations might fall within the same calendar year. Thus "1909" means, as I understand it, the school year 1909-10, and an examination made in March, 1910, should be entered in the horizontal space after 1909. This point should be made more clear.

3. Weight. This should be stated in pounds. It is unnecessary to record fractions of pounds.

4. Height. This should be expressed in feet and inches.

5. Inspiration and Expiration. Measurements should be given in inches. In girls they should be taken over the ordinary clothing; in boys they should be taken underneath the vest. In all cases sweaters or other heavy outside clothing should be removed.

6. Lungs and Heart. Ordinarily an inspection is all that is necessary. If any further defect is suspected a more careful examination may be made.

7. Ears. The two most common defects are deafness and aural discharge. Such defects may be noted by an "*," which

refers to a more extended explanation on the back of the card, with record of treatment advised and subsequent course of the trouble. In testing for hearing it is sufficient to have the pupil stand fifteen feet from the inspector, with one ear closed by the finger. If the whispered voice of the inspector is easily heard the hearing may be considered normal.

8. Eyes. A simple vision test with Snellen test card, at fifteen or twenty feet, is ordinarily sufficient. The result should be expressed in fractional notation, *e g.*, 15/20, 15/30. Other defects, such as blepharitis, stye, strabismus, etc., may be denoted by an "*," with reference to the back of the card.

9. Throat. Enlarged tonsils are the most common defect found, and their presence may be denoted by a "T," with a reference on the back of the card if operation is advised, subsequent course, etc.

10. Teeth. "C" may be used for carious teeth, with the number of such defective teeth found. The condition of cleanliness of the teeth may also be denoted, *e. g.*, "4C, unclean."

11. Naso-pharynx. Presence of adenoids or mouth-breathing may be simply expressed by an "A," with reference on back of card, as above. Rhinitis may be expressed by "R," etc.

12. Nasal Septum. "LD" or "RD" may be used to denote left or right deviation; "S" for spur, etc.

13. General Condition. Under this head "G" may be used for good, "F" for fair, and "B" for bad.

14. Vaccination. If the date is known it may be put down. If it is not known, but there is a good scar showing a recent successful vaccination, a plus sign may be used. If not vaccinated a minus sign may be used.

15. The blank spaces may be used to record the presence of skin disease, vermin, enlarged glands, malnutrition, contagious disease, etc., or any of the less common defects.

16. If there are no physical defects found a simple checking mark in the spaces will denote a normal finding.

While the above system of nomenclature and abbreviation is not perhaps an ideal one, it is simple, practical and easily carried out, and the results can be seen at a glance. It renders the compiling of statistics at any time, from hundreds or thousands of cards, an easy and simple matter, while in any individual case a reference to the back of the card will give full particulars.

In order to accomplish good work in any undertaking the services of the best trained men should be secured. Medical inspection, as demanded now in this State, requires the above mentioned physical examination of every pupil and the work should be thoroughly and systematically done. The salaries paid to physicians as medical inspectors are totally and ridiculously inadequate considering the amount of time and work required. The result is that unless the inspector has the spare time to devote to the work, or a scientific and altruistic enthusiasm for it, it is carelessly and poorly done. In many cases the paltry salary attracts none but the most incompetent men, and even then the position is often auctioned off to the lowest bidder. With such conditions existing it is no wonder that progress along the broader lines of the work is not more rapid.

The duties of a medical inspector, as adopted by the New Jersey State Board of Education, October 5, 1909, are as follows:

1. He shall use the same skill in examining pupils as he would in the case of private patients.

2. He shall arrange his visits to the school to suit the convenience of the school authorities and his own private work. He shall respond to emergency calls as quickly as possible.

3. He shall make regular inspections: (a) in rural districts at each school at least twice a month; (b) in villages and small towns at least once a week; (c) in towns and cities at least three times a week, and in crowded cities daily.

4. At the commencement of each school year he shall make a thorough physical examination of each pupil, and record his findings on cards assigned for this purpose: (a) Eyes, for far-sightedness or near-sightedness, color blindness, squint and roughly for astigmatism, also the condition of the eyelids; (b) Ears, for acuteness of hearing, adenoids, discharge; (c) Throat, for enlarged tonsils, adenoids, nasal deformities or discharges; (c) Teeth, condition and care; (e) Deformities, spine, limbs, etc.; (f) Skin, eruption, condition of scalp; (g) When practicable measurements, height, weight and chest measures; examination of heart and lungs.

5. He shall exclude cases of contagious diseases, and send a written statement of conditions found.

6. He shall from time to time examine into the sanitary conditions of all schools in his district.

7. Any special work, such as frequent extra visits, vaccination or fumigation, shall be arranged for by mutual agreement between the Board of Education and the inspector.

It is evident that these requirements demand much time and skill of the medical inspector. If he is interested in the work he will be careful to keep full and accurate statistics, and he will notify parents of defects found and treatment recommended. If there is a school nurse she will be of great service in trying to see that his advice is carried out. He will also make reports from time to time to the local Board of Education, so that they may know the results which are being accomplished.

There is urgent need for an Association of the Medical Inspectors in this State. Such an association would enable medical inspectors to get together and discuss the work, would evolve a uniform and systematic method of statistics, and would disseminate knowledge among Boards of Education and the laity as to the value of this means of conserving the health of the rising generation.

The State control of medical inspection should be under the direct supervision of medical men and not left to laymen or Boards of Education. In many cities it is now under the control of the local Board of Health. But it is a matter of sufficient importance to have State supervision, by competent medical men, who should keep in touch with local inspectors.

The proposed State Association of Medical Inspectors should urge the payment of salaries to the inspectors which should be in some measure commensurate with the value of the work done. The present slipshod methods, inadequate salaries and lack of supervision should be radically changed.

In considering the question of salary I have gathered data from twenty different cities in this State, of from 5,000 to 20,000 population, and find the conditions extremely variable. The number of scholars per inspector is from 700 to 2,600, with an average of 1,000. The number of schools to be visited, on an average of once a week, is from one to six. The distances between school buildings varies from a quarter of a mile to two miles. The salaries paid in 1909 range from nothing at all to $1,000 per year, with an average of $200. It may be estimated that a medical inspector can examine carefully from five to seven pupils in an hour, on an average, and as there are approximately 190 school days in the year he should be able to handle from 1,000 to 1,200 pupils by devoting an hour each day to the work.

It is the opinion of the majority of inspectors who have responded to my inquiries that a fair and adequate salary, in order to insure the work being done as it should be, should be approximately $1.00 a pupil. It is useless to expect efficient work on the salaries at present paid in inspectors. If medical inspection is of value, as it undoubtedly is, the remuneration should be such as to attract rather than to repel first-class men.

The whole question of medical inspection is worthy of being taken up and discussed in county society meetings.

In summing up the situation, as at present managed in this State, the following points are of importance:

1. Medical inspection is becoming a vital part of every modern system of education.

2. To obtain valuable results accurate and uniform data are necessary.

3. It is essential that thorough supervision be made by a State medical inspector, who should be a medical man.

4. A State Association of Medical Inspectors should be formed.

5. "Permanent efficiency will require skilled workmen, careful administration and adequate remuneration."

Clinical Reports.

Childbirth Twelve Years after Cessation of Menstruation.

Dr. L. Buckle, New York, reports the following case in the A. M. A. Journal, August 13, 1910:

C. H., a well-preserved and healthy looking woman, aged 50 years, always menstruated regularly and never had any genital troubles till 15 years ago. At that time she gave birth to twins, making the number of children seven in all. About a year later menstruation returned but with considerable irregularity; and in another year it ceased altogether. Two years ago, 11 years after the cessation of menstruation, she began to feel out of sorts; she lost her appetite, had nausea and felt weak. She was examined and treated by several physicians, including the author, at various times, but her true condition was not diagnosed and she remained unrelieved. One doctor told her that she had a growth and an operation would be necessary to remove it. The others treated her for gastritis, nervous dyspepsia, etc. She began to worry over her troubles and became much emaciated, anemic and nervous.

One day she came to Dr. Buckle and said: "Doctor, I have a cancer and I feel it move around here." pointing to her abdomen. But this time ballottement, fetal heart-sounds, milk

presesd out from nipples and other signs pointed to an undoubted pregnancy. She must have been then in the sixth month, for about 3½ months later, he delivered her of a boy of normal size and weight. About a year after this birth, menstruation returned and since appears regularly every month.

Pregnancy eleven years after cessation of menstruation is rather rare. So also is the return of normal menstruation after a cessation of thirteen years.

Multiple Pregnancy with Eclampsia.

Dr. Edwin A. Griffin, of Brooklyn, N. Y., reports this case in the Medical Record of February 25, 1911:

A primipara, twenty-nine years of age, of Polish nationality, weighing about two hundred pounds, was brought into St. John's Hospital, Brooklyn, in a state of unconsciousness, convulsions occurring every five minutes. Her entire body became as cyanotic as indigo; her temperature was 101, respirations 40, and pulse 120, irregular and of high tension (about 200 mm. Hg.). Examination revealed mutiple pregnancy at full term; two fetal hearts were detected; the cervix uteri was one and a half fingers dilated, and the membranes were intact. Urinalysis showed a large amount of albumin, the urine boiled solid upon the application of heat and the addition of acetic acid. The ankles and face of the patient were to a moderate extent edematous.

The patient was given chloroform to the obstetrical degree, just enough to control the convulsions, and the cervix was manually dilated and three children were delivered. The first, a female, weighing about four and one-half pounds, I delivered by podalic version; the second, a male, weighing about six pounds, was a breech presentation, and was delivered as such; the third, a female, weighing about four pounds, I also delivered by podalic version. The three children were delivered in a period of about four minutes. The first two had spontaneous respiration; the last one, the smallest, was extremely cyanotic; in this case artificial respiration by the various methods had to be resorted to, bringing forth a lusty cry in about ten minutes. Chloroform was then discontinued and two placenta with three cords, two being attached to one placenta, were expressed by the Crede method. A moderate postpartum hemorrhage followed which I arrested by a hot saline intrauterine douche and by pressing the fundus uteri down deep into the pelvis.

Postpartum eclampsia treatment was then instituted, i. e., hot packs, high colonic irrigations, nitroglycerin, tincture of veratrum viride, cathartics, etc. These were all discontinued in about twenty-four hours.

The next morning the patient became conscious and was able to nurse one of the triplets. When the children were presented to her she immediately grabbed the largest, the boy, and applied him to her breast, absolutely refusing the ownership of the other two, stating that they did not belong to her and the hospital would have to take care of them, also saying how could she have three babies as she had been married only one year. It was only by the persistent persuasion on the part of the father and nurses that she finally consented, against her will, to acknowledge the other two, while still refusing to nurse them from her breast, so I was obliged to put the two little creatures of humanity upon modified milk which they took well and upon which they gained in weight.

Urinalysis after twenty-four hours showed a trace of albumin and in ten days the albumin had completely disappeared. On the eleventh day the fundus uteri was at the pubes and the lochia disappeared. The patient, together with her new family of triplets, was then discharged.

"606" in a Case of Paralytic Dementia.

Dr. Ehlers injected the drug according to the Weshcelmann technic. The patient was a man of 40, with paralytic dementia which had considerably improved under psychiatric treatment, so that he was able to walk and read the papers and understand part of what he read. He had had two apoplectiform attacks previously, one two years and one five weeks before the injection of "606." The injection was not followed by any local reaction, but progressive symptoms on the part of the nervous system developed, tremor, sweating crises and weakness, and the patient died on the fifth day of progressive heart weakness. No cause for the fatality could be discovered at necropsy except acute parenchymatous degeneration of the organs.

An Unusually Large Ovarian Cyst.

Dr. J. Shelton Horsley, of Richmond, Va., at the Southern Surgical and Gynecological Association, December, 1910, reported a case (and showed photographs) of a large ovarian cyst which weighed 116½ pounds. The greatest abdominal circumference was 63 inches. The cyst was successfully removed. He referred to the fact that operation in these cases of large ovarian cysts usually had a high mortality rate on account of the pressure, which caused organic changes and made the patients poor surgical risks.

Foreign Body in the Vagina.

Dr. J. D. Nagle, of New York City, in a communication to the Medical Record, relates the following curious case:

In July, 1910, there called at my office a young girl 18 years old, a stenographer by occupation, who asked to be treated for "falling of the womb." Upon inquiry regarding her diagnosis of her own case she stated that "for the last six weeks I have had a feeling as if my womb were dropping down." She also stated that "for the last five weeks I have had a dark, foul-smelling discharge from the vagina."

I placed her on my examination table and endeavored to introduce my index finger into the vagina, but could not penetrate more than half an inch beyond the labia minora, as my finger met a peculiar, hard obstruction. I questioned my patient whether she had inserted any object into the vagina, but this she vehemently denied. I then separated the lips of the vagina, and to my surprise beheld a round tin label with the imprint, "Cook's Imperial." Finding it impossible to remove the object to which this label was attached, it being firmly wedged in the vagina, I used my double tenaculum, and after some efforts extracted a champagne cork, which had swollen to considerable size, evidently from its prolonged absorption of vaginal moisture.

My patient appeared to be very much puzzled at this forced delivery and was at first unable to account for its presence in her vagina, until she suddenly recollected having spent an evening, six weeks previously, with her "gentleman friend," when they both drank considerably and when the cork must have been introduced in loco parentis. She suffered no ill effects beyond a marked endometritis, which I promptly relieved by curetting her at the French Hospital.

Case of Epithelioma of Larynx.

Dr. C. W. Richardson, of Washington, D. C., reported this case, with patient, at a recent meeting of the District of Columbia Medical Society:

The patient was a white man who came into the dispensary of the Episcopal Eye, Ear and Throat Hospital for treatment on account of chronic hoarseness. Dr. McKimmie made a provisional diagnosis of epithelioma of the larynx, and Dr. Richardson agreed with that finding, immediately taking the man to his office for the removal of a portion of the growth for examination. There was an oblong growth at the left of the larynx, involving the true and false cords extending from the anterior commissure back almost to the arytenoid. The man had been hoarse since last April, but had no other symptom except slight dyspnœa at times. Dr. Nichols reported that the fragment submitted for examination was an epithelioma. Three weeks ago Dr. Richardson enucleated the growth. The thyroid and cricoid cartilages were split, without tracheotomy. The cartilage was found to have undergone marked calcification, more so than he had ever before found in so young a patient, making its section very difficult. The narcosis was by chloroform until the larynx was opened, then cocain and adrenalin were applied to the interior of the larynx to abolish reflexes and to produce ischæmia. Some years ago while discussing the subject of removal of the larynx and expressing his dissatisfaction with the operation, Dr. Solis Cohen had suggested the dissecting up of the soft tissues until, as he expressed it, "they looked in the hand like a poached egg." Dr. Richardson had decided that at the next opportunity he would remove laryngeal growths by subperichondral dissection, and this he had done in the case presented, having already performed a similar operation on another patient about eighteen months ago, who is now quite well, only a slight hoarseness remaining; and there is a fibrous cord extending autero-posteriorly across the larynx, replacing in a way the vocal cord removed. In the case now presented, by blunt dissection he had elevated the tissues, including perichondrium, going well wide of the growth; the cartilege was not involved by the tumor. The dissection extended from the anterior commissure to the arytenoid on the left side, somewhat to the right side in front, and so low that a strip was taken off the cricoid. The wound was closed by stitching the muscles over the larynx, no stitches being put in the cartilages; the wound was drained. The patient was out of bed on the fifth day, and recovery was excellent. The wound in the interior of the larynx is almost entirely granulated over; there is a small denuded spot at the anterior commissure, but he anticipates no trouble from it.

A Malignant Intestinal Growth Requiring the Removal of an Unusual Number of Abdominal Structures.

Dr. Thomas S. Cullen, of Baltimore, in his paper, at the annual meeting of the Southern Surgical and Gynecological Society, in December, 1910, reported the case of a patient, fifty-six years of age, very pale and emaciated. Within a few years prior to operation her weight had been reduced from 120 to 85 pounds. Pelvic examination revealed a growth plastered on the posterior surface of the uterus. This almost filled the pelvis, and felt very much like a myoma. The patient, however, gave a history of flattened stools, occasionally associated with diarrhea, and a malignant intestinal growth was suspected. On opening the abdomen Dr. Cullen found a growth involving the lower portion of the descending colon, also a loop of small bowel, and extending out and forming a tumor mass in the mesentery of the small bowel. Intimately blended with this tumor mass was the uterus. The appendix was also involved. As the patient's condition was very poor the operator hesitated to do anything, but the family physician said that she could only live a few days in her present condition, and that she was suffering a great deal. As no secondary nodules could be found, either in the mesentery, in the lymph glands, or in the liver, removal was undertaken. The uterus was amputated through the cervix and with the tubes and ovaries turned up on the surface of the tumor. The appendix was next amputated, carefully covered over with gauze, and also turned up on the tumor. About three feet of small bowel and almost a foot of large bowel were then clamped off and the mesentery of the small bowel containing the tumor gradually tied off. All the structures mentioned were removed in one piece, as it would have been absolutely impossible to separate the uterus without entering the cancerous mass and opening up the bowel. It was possible to remove the entire mass without soiling the peritoneum. The four ends of the bowel were closed. A lateral anastomosis was then made betwnen the small bowel and the cecum, and as the descending colon had been redundant it was possible to do a lateral anastomosis between the descending colon and the sigmoid. A drain was laid in the pelvis. The specimen was exhibited. The patient made a very satisfactory recovery, and was at present in good health. The ultimate outlook was not a favorable one.—Medical Record.

Tabes Dorsalis Without Ataxia.

Reported by Dr. A. A. Eshner, in a paper read before the Philadelphia Neurological Society, and printed in the A. M. A. Journal, January 21, 1911.

The case to be reported is of interest because of a total absence of ataxia, although the disease of the spinal cord appears to be at least of several years' duration.

A shirt-ironer, aged 30, married five years, came under observation December 18, 1909; complaining of weakness and pain in the lower extremities, present for two and a half years, together with stabbing pain all over the body of only a few weeks' standing. The knee-jerks were absent, even with reinforcement, and the pupils were unequal (the right being the larger), contracting in accommodation, but remaining

immobile on exposure to light. Station was steady, gait good, and co-ordination in the upper extremities was preserved. Sensibility appeared to be unaffected, and sexual desire and vigor were active. No viscral disturbance and no symptoms of mental derangement were present. A lymphatic gland was palpable in the left epitrochlear region and glands in the groin were enlarged. A shallow but extensive scar was visible on the head of the penis. The eye-grounds were normal, the disks oval and slightly pallid, and the balance of the ocular muscles was preserved. The patient admitted having had an attack of gonorrhea at the age of 23, but he denied knowledge of syphilitic infection. His wife has borne a child, now 4 years old. She had had no miscarriage and she was at the time of examination advanced five months in pregnancy.

Varied treatment had been employed, but without success. The case was considered possibly one of tabes, but the demonstration of the complement serum-reaction by Dr. E. P. Corson-White seemed to remove any diagnostic doubt; and a course of vigorous antisyphilitic treatment was instituted. Whether symptoms of general paresis will develop later cannot, of course, be foreseen.

Apart from the fact that motor inco-ordination may be due to causes other than disease of the posterior nerve-roots or sclerosis of the posterior columns of the spinal cord, this case exemplifies the wisdom of employing the term "tabes dorsalis" in preference to locomotor ataxia.

Diabetes in Child: Result of Treatment.

Dr. Lewis A. Conner, of New York, presented this case at the November 10th meeting of The Practitioners' Society of New York:

He said that as the belief was so general that diabetes in a child was always a severe and progressive disease, which showed little or no response to treatment and usually ran a rapidly fatal course, he presented this patient to show that the prognosis in children was not always so gloomy, if they could be placed under favorable conditions. The patient, a girl of 12 years, had been somewhat feeble-minded since birth, but had always been well except for an attack of measles when two years old, and of scarlet fever when six. Her present trouble began two months before her admission to the New York Hospital on September 28, 1910. During these two months there had been increasing weakness, rapid loss of weight, increased appetite and thirst, polyuria, headache and vague abdominal pains. She had been treated in the Out Patient Department, but unsatisfactorily because of difficulty in controlling her diet. On admission the child was emaciated, weak, and listless. Examination of the viscera was negative. She was put on a strict diabetic diet plus 150 grams of white bread, and on this diet she excreted in the first twenty-four hours 3,500 c.c. of urine containing 278 grams of sugar. Acetone reaction was positive. At the end of six days the patient was on a strict diet without any bread or other starch, and the twenty-four hours' urine contained 70 grams of sugar. Although the urine gave a marked reaction for both acetone and diacetic acid the child's general condition seemed better. It was decided to continue the strict diet. After four days of this the acetone and diacetic acid had grown less, but the quantity of sugar excreted was almost unchanged. During the next ten days the diet was changed in various ways. Meat was restricted. "Vegetable days" were interspersed between days when only oatmeal and cream were given, with the result that on the twenty-first day of treatment the patient was free of sugar, the urine was normal in quantity, and gave no reaction for diacetic acid and only a very slight one for acetone. In the meantime the child had gained steadily in strength and spirits, and had begun to gain in weight. From that time on, on a strict diet, the child remained practically sugar free, on two or three occasions only showing just a trace. Upon the addition of even 25 grams of bread, however, the urine would show a small amount of sugar. At present, five weeks after admission, the child showed a gain of 10½ pounds in weight, has recovered her strength, is much brighter mentally, and showed in every respect great improvement. She is, of course, by no means cured, but the fact that it was possible to keep her urine free of sugar and at the same time have her gain in weight and strength, justifies the hope that under careful supervision she may gradually acquire the power to use a sufficient amount of carbohydrate food to enable one to provide her with a permanent diet which is both acceptable and adequate for her needs. The case furnished another illustration of the great value in certain cases of the oatmeal diet in aiding in freeing the urine of sugar. It also illustrated the great importance in a case such as this of hospital supervision and discipline. Under the control of tactful nurses in the ward it was not difficult to have the child adhere to the very strict diet required and still to eat enough for all her requirements.

Dr. C. L. Dana said that he remembered a case of a boy 16 years of age. The patient passed a tremendous amount of sugar. Under a carbohydrate regulation the same condition was brought about as was presented in the case exhibited. There was, too, the gain in weight. Dr. L. A. Conner said the child had been mentally deficient all her life, and he could not state just why she had suddenly developed a severe diabetes.

"606" in a Case of Aortic Insufficiency.

Dr. Spiethoff cites one case where a man had well compensated mild aortic insufficiency but no other pathologic findings could be detected in the heart. A few days after subcutaneous injection of 0.3 gm. salvarsan, signs of heart weakness became apparent, proving fatal on the eleventh day. Necropsy revealed unsuspected degeneration of the myocardium which had evidently become aggravated under the influence of the medication.

If a foreign body impacted in the auditory canal (especially if symptoms suggest that it has entered the middle ear) resists safe efforts at removal, administer narcosis, turn the ear lobe forward and open into the canal by a free incision from behind. This procedure, which is simple and leaves only invisible scars, is a very old one, but it is often forgotten.

Abstracts from Medical Journals.

Scarlet Fever Complications.

Dr. H. Ludke, in Medizinische Klinik, Berlin, January 22, says that in the course of his study of the subject that the temperature curve is a valuable guide to the prognosis; even the slightest rise after the disease has begun to decline indicates some complication, and reduction in the amount of urine is the most certain sign of severe nephritis. He states that one attack of scarlet fever generally confers immunity, and that the character of the prevailing epidemic determines whether the disease is to be mild or severe. Special attention must be paid to the middle ear with scarlatinal sore throat; tenderness in the mastoil region and any rise in temperature should be watched for. Even with mild scarlet fever the child should stay in bed three weeks, he declares, and not be allowed to get up until repeated examination of the twenty-four hours' urine shows the absence of albumin. The disease may occur merely as an ordinary sore throat and thus escape detection.

Symptomatology of Embolism in Cerebral Vessels

Dr. B. Hippel has recently encountered two cases without the usual triad of sympatoms—apoplectic seizure, loss of consciousness and hemiplegia. The first patient was a young man and hemiplegia developed insidiously, the left side becoming paralyzed for a few days and then the hemiplegia subsided and the patient felt comparatively well for two days, but then symptoms typical of meningitis devedoped and he died in coma. Necropsy revealed embolic obstruction of the right middle cerebral artery. Wernicke has reported a similar case in a woman of 73, death occurring from asphyxia. Hippel's patient, after subsidence of the hemiplegia, showed no symptoms of embolism, merely the syndrome typical of meningitis. Death occurred two weeks after the first sign of trouble. Walker has reported three cases of cerebral embolism with symptoms suggesting merely acute meningitis. In Hippel's second case a boy of 8 convalescing from diphtheria suddenly developed symptoms of meningitis; there was no tendency to hemiplegia and no apoplectic seizure, but necropsy disclosed extensive embolism of the right middle cerebral and internal carotid arteries involving the finest ramifications.

Syphilis of the Stomach.

Dr. M. Seigheim, in Deutsche med. Woch., January 26, 1911, cites the following case:

A man of 39 acquired syphilis and was given repeated thorough courses of mercurial and iodid treatment during three or four years. Sixteen years later occasional attacks of vomiting and oppression in the gastric region after eating were accompanied by loss of weight and other symptoms, dilatation of the stomach, lack of free hydrochloric acid and presence of lactic acid with radiographic findings typical of stenosis of the pylorus. All this, in conenction with the fact that the patient belonged to a "carcinoma family," pointed to gastric cancer in an advanced stage. As a last glimmer of hope the Wassermann test was applied; the findings were strongly positive, and under energetic mercurial treatment all the symptoms subsided and the patient rapidly recovered apparently complete health and has no further gastric disturbances. The peculiar severity of the syphilis in this case is evident in the serious recurrence after sixteen years in the form of a gumma in the pyloric region leading to stenosis and consequent dilatation of the stomach. Einhorn has reported a similar case except that in his patient there was never any lack of free hydrochloric acid. In Siegheim's case the motor functioning of the stomach became normal but no free hydrochloric acid could be found at the last examination although the gastric functioning was apparently normal. He adds that his case teaches the importance of direct treatment of the syphilis so long as the Wassermann reaction is markedly positive.

Is Diabetes Transmissible?

Dr. Langaker, in Deutsche Med. Woch., January 31, 1911, relates a remarkable episode in which five out of seven children of a family, aged from 4 to 11 years, died of diabetes within four years, one case following another. Such histories are common in tuberculous families and no one questions the transmission of the disease from member to member; and it would seem at first sight that nothing but transmission could explain the cases under consideration. The stock was a sound one, the parents in good health, and the surroundings hygienic. The author makes no mention of any similar case in literature. Conjugal diabetes occurs now and then and suggests a possible transmission. It does not appear even that the diabetes in these cases was of a uniform type. One case was accompanied by degeneration of the pancreas, but in another this could not be affirmed. There seem to have been but two autopsies. The case appears to have been an example of familial disease in the narrower sense of the term, i. e., confined to the children of one family, the parents remaining immune. Many diseases have been placed on record which assumed this form, i. e., that of "unifamilial childship." When disease supposedly non-transmissible appears in this quasi contagious or infectious form we are forced to think of the doctrines of Mendel and de Vries as to the sudden appearance of new types, and the mutation of species.

Influence of Parental Alcoholism on the Physique and Ability of the Offspring.

Dr. T. B. Hyslop, in The Lancet, of January 14, 1911, essays an answer to the question: Does parental alcoholism (of a pernicious kind)—apart from parental degeneracy, which together with a tendency to alcoholism, is hereditable—influence the physique and ability of offspring? It is practically impossible to exclude side issues, variations in standards of health, alcoholism, and degeneracy from consideration, and we have as yet but imperfect conceptions as to what is meant by heredity. Hence one cannot obtain sufficiently accurate data for statistical purposes. The association—in contradistinction to causation—of alcoholism and degeneration in the parent is insufficiently understood, and the difficulty in distinguishing between cause and effect, both in the parent and offspring, is so great that the decision must be frequently mere guesswork. The present problem requires that parental alcoholism shall precede conception or the birth of the child; whereas, in the transmis-

sion of a psychoneurosis by direct inheritance, the parental alcoholic tendency may be latent, and not come into evidence until after the birth of the child. This necessitates complete differentiation between the two series. Alcoholism would appear to be responsible for a relatively greater number of births than would health or degeneracy without alcoholism, and there appears to be some evidence derived from experiments on animals treated by alcohol that their young, although in greater numbers, were much weaker. Epilepsy, some forms of insanity, defective inhibition and mental enfeeblement, deafmutism, and stunted growth, although instances of what has been aptly termed the "general controlling determinant," and transmitted by direct heredity, are apt to be not only intensified in the offspring, but they make their appearance at a relatively earlier age, when parental alcoholism has been an additional factor. Parental alcoholism does appear to accentuate the downward trend of inherited psychoneurosis, and with each successive generation the period of exemption from alcoholism and degeneracy becomes shortened, so that the offspring become alcoholic or degenerate at relatively earlier ages. Alcohol would in this way act as a complementary factor to parental degeneracy, and aid in the devolution of the stock. The inheritance of a psychoneurosis (which would tend to diminish in severity with each successive generation, and with the introduction of new correcting influences through marriage) becomes intensified and prolonged when alcoholism becomes a complicating factor. In this way the psychoneurosis is kept alight through a greater number of generations.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The March meeting of the Atlantic County Medical Society was held at the Hotel Windsor, on Friday evening, March 10, 1911, at 8 o'clock. The president, Dr. E. H. Harvey, occupied the chair and there were thirty-two members present.

Dr. Richard Bew was elected to active membership and W. E. Rulen, E. T. and George H. Lytz, D. D. S., were elected to associate membership.

The guest of the evening, Dr. J. Chalmers Da Costa, of Philadelphia, gave a very plain, practical and instructive talk on Contra-Indications to Operations. It was discussed by Dr. Senseman, Mr. E. Marvel and Dr. Henry Ellsner.

We were pleased to welcome as visitors for the evening Dr. R. Johnstone, of Philadelphia; Dr. E. A. Spillsbury, of New York City, and Dr. Henry Ellsner, of Syracuse, N. Y.

Inasmuch as the next regular meeting night happens to be two days before Easter Sunday, it was decided to meet on Friday evening, the 7th of April.

At the conclusion of the meeting a dinner was served to the members and guests in the grill room of the hotel.

BERGEN COUNTY.

F. S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, March 14, at 7:30 P. M.

The regular order of business was dispensed with and a complimentary dinner to our two oldest members, Drs. John J. Haring and Zabriskie, was greatly enjoyed. Owing to physical disabilities, Dr. Zabriskie was unable to attend.

Dr. J. Finley Bell made an able toastmaster and offered the following toasts: "Dr. Haring the Friend," responded to by W. R. Cattelle; "Dr. Haring the Citizen," byW. H. Noyes; "Dr. Haring the Physician," by Dr. Pratt.

Drs. David St. John and Van Horn also paid tributes to Dr. Haring's many good qualities as a friend and colleague.

Dr. Haring's reminiscent response was very humorous and interesting.

I report, with regret, the loss of another member of our society—Dr. D. A. Currie, of Englewood. Dr. St. John has been requested to draft a suitable obituary notice, which will be forwarded to the Journal.

(A hastily prepared condensed account of this complimentary dinner will be found on pages 580-584.—Editor.)

CAMDEN COUNTY.

Henry H. Sherk, M. D., Reporter.

The February meeting of the Camden County Medical Society was held on the evening of February, the 14th, at the dispensary building, Camden City, with a large attendance.

Dr. Katherine R. Sherk and Dr. Frederich Shafer were elected active members of the society. As this was the annual social meeting, there were no scientific papers read. Letters regretting their inability to attend were read from the editor of the State Journal, Dr. D. C. English, of New Brunswick, and Dr. E. L. B. Godfrey, who is now stopping at Pasadena, Cal.

The committee of arrangements had provided a grand supper, after which the members and their guests were entertained with after-dinner speeches. Dr. Thomas B. Lee acted as toastmaster in a most acceptable manner. The first to respond to the toasts was Dr. J. W. Martindale, who was introduced as the versatile member of the society. Dr. Martindale regaled the assembly with his usual fund of stories an anecdotes, which were "wont to set a whole table at a roar." He was followed by Rev. Dr. Gravatt, the noted pulpit oratory, who spoke on the relation of the physician to the ministry. Dr. William A. Westcott, of Berlin, then took the floor and in a beautifully worded address spoke of the honor that is sometimes lost sight of by the physicians of this age; that most of us are honorable men, but that ofttimes they did not receive the encomiums due them. Dr. Paul H. Markley, the poet-literateur, then was introduced by the toastmaster and gave the guests and members a classical address on the ethics of medicine, from a logical standpoint.

All the members and guests present enjoyed themselves and at a late hour retired to their homes.

There were a number of visiting physicians from the various adjoining counties.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The Essex County Medical Society held a scientific meeting Tuesday evening, January 24th, to hear an address by Dr. C. W. Stiles, scientific secretary of the Rockefeller Sanitary Commission for the Eradication of the Hookworm Disease. The doctor was listened to with marked interest by a goodly audience and all who heard him could appreciate the value of the work he, with his commission, has been doing.

One new member to the society was elected, Dr. Jacob Palezski.

On February 21st Professor H. H. Rusby, Ph. D., president of the American Pharmaceutical Association, addressed the society on "The Physician and the Pharmacopœia." This was one of the most important subjects to which the society has given audience in a long time, and when Dr. Rusby comes, the ability of the speaker on a topic of which he is the acknowledged master, makes a program of unusual instruction and interest. At a time when markets are flooded with fraudulent drugs; when the progress of serum therapy, organic chemistry and pharmacology have multiplied resources for medication; when the medical colleges are awakening to the inadequacy of what has been hitherto taught, and when, finally, a new revision of the Pharmacopœia is coming, in which the physicians of the land must take an intelligent and active part, such a meeting seemed very timely and it proved very interesting. At this meeting four new members were elected—Drs. John C. Medd, Hazel M. Hatfield, A. R. Chamberlain and George H. Taylor.

On March 14th, Dr. John F. Erdman, of New York, addressed the society on "The Surgical Aspects of Gastric Carcinoma." The topic was made very instructive on the operative treatment of gastric cancer, and opened up lines for study on the whole subject which were very suggestive. Two new members were elected—Drs. C. V. R. Bumsted and R. J. Brown.

The Society for Relief of Widows and Orphans of Medical Men of New Jersey held a special meeting on February 1st, to act on payment of claim of the widow of Dr. William Menger, of the Town of Union. Although he was delinquent at the time of death, it was voted to authorize the payment by the treasurer of the widow's claim. This was done, the members present said, not because of any legal right in the claim, but as a fraternal expression of the general aim of the society to "afford relief" in time of sorrow in a physician's home.

One of the noteworthy meetings, having medical interest, outside of the medical profession, was one of the Wednesday Club on March 15th, when, after their customary dinner, Dr. Wilfred T. Grenfell, the medical hero of Labrador, told of his work. It was thrilling in interest, not only as that of a heroic medical missionary, but as showing the practical efficiency in race elevation of a medical man amid most adverse surroundings. He was greeted by the largest attendance at any dinner in the history of the club, we are told.

An "Academy of Medicine of Northern New Jersey" was organized in Newark at a meeting in the hall of the Public Library, on February 25th (adjourned to March 15th). A constitution and by-laws were adopted and the following officers elected: President, Edward J. Ill, Newark; first vice-president, Thomas N. Gray, East Orange; second vice-president, Wells P. Eagleton, Newark; recording secretary, Julius Levy, Newark; corresponding secretary, E. S. Sherman, Newark; treasurer, H. J. F. Wallhauser, Newark; trustees (additional), A. A. Strasser, Arlington; Gordon K. Dickinson, Jersey City; G. B. Philhower, Nutley; Charles L. Ill, Newark; E. Z. Hawkes, Newark; committee on admissions, Victor Mravlag, Elizabeth; J. B. Morrison, Newark, and Carl H. Wintsch, Newark; committee on library, F. R. Haussling, Newark; F. W. Pinneo, Newark, and Sarah R. Mead, Newark.

Essex County Pathological and Anatomical Society.

Reported by Frank W. Pinneo, M. D.

A regular meeting of this society was held in the rooms, 67 Halsey street, Newark, on February 9th. The following specimens in pathology were presented:

1. Dermoid Cyst involving Sheath of Spermatic Cord, by Dr. C. R. O'Crowley.
2. Angeis-Sarcoma of Neck, by Dr. H. B. Epstein.
3. Alveolar Sarcoma of Hand, by Dr. Joseph L. Fewsmith.
4. Specimen of Kidney, by Dr. J. F. Hagerty.
5. Ten specimens from the Pathological Laboratory of the City Hospital, by Dr. H. S. Martland. These included three tumors of testicle, three hearts, a stomach, a liver, a hand.

The regular March meeting was held on March 9th. The following were the specimens presented:

1. Impacted Gall-stone in the Diverticulum of Vater in the Duodenum from a case of Diabetes, by Dr. Carl E. Sutphen. This suggested a number of problems in pathology on the causation of stones, and on the relation of the diabetes in the case as cause or effect.
2. A Cervicle Auricle (on the neck), being a development from a bit of misplaced cartilage from the embryological branchal cleft forming the ear, by Dr. E. D. Newman.
3. Mixed Tumor of Parotid with exposition of its formation, by Dr. F. A. Sutton.
4. Traumatic Rupture of Liver, by Dr. F. R. Haussling.
5. Infection with Bacillus Ærogenes Capsulatus. Complete record of case, by Dr. H. S. Martland.
6. Fibroma of Ovary, by Dr. J. F. Hagerty.

The attendance and interest of all the members in the pathology discussed at these meetings is remarkable and increasing. The work done in anatomy, dissecting, is another branch of activity. While not affording material for discussion at meetings, it supplies for members' individual improvement a very valuable opportunity. The next meeting will be on April 13th.

Phlegmanous processes in the neck, especially suppuration in the deeper planes, cannot be too promptly evacuated—they are often followed by mediastinal or pulmonary infection.—Amer. Jour. of Surgery.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at Paul's Hotel, Woodbury, Thursday, March 16th, the president, Dr. J. Harris Underwod, in the chair. There were 17 members present.

Papers were presented by Dr. Swithin Chandler and Dr. W. O. Hermance upon "Post-Operative Conditions" and "Rectal Diseases," respectively. They were very helpful and called forth free discussion from many of the members and visitors. Copies of both papers will be forwarded for publication in the Journal.

Under epidermics, many cases of measles were reported from several localities.

Drs. Richardson, Lippincott, Rawley and Palm were welcomed as delegates from the Camden County Society.

After adjournment the society entertained its guests at dinner.

MERCER COUNTY.

Harry R. North, M. D., Reporter.

The regular monthly meeting of the Mercer County Medical Society was held March 14th, Dr. Charles J. Craythorne presiding, with good attendance of members.

The entire evening was given to the reading of an excellent paper by Dr. Frederick S. Hammond, pathologist of the State Hospital, Trenton, on "Serum Treatment of Epidemic Cerebrospinal Meningitis, with Case Report." The paper was discussed by several of the members.

MORRIS COUNTY.

Henry W. Kice, M. D., Secretary.

The Morris County Medical Society held its annual meeting in the Mansion House, Dover, on March 14, 1911. There were 31 who took dinner, which was considered a very good attendance, and it was a profitable meeting.

Dr. Maria M. Vinton, of East Orange, gave an interesting talk on the work of the Public Health Committee of the A. M. A. Dr. F. C. Horsford gave a pathological demonstration of the heart and of a case of congenital stridor in a child of a few months. Dr. B. D. Evans, chairman of Legislative Committee, made a brief report on the legislation at Trenton.

The following officers were elected:

President, Theodore W. Bebout; vice-president, G. A. Becker; secretary, H. W. Kice treasurer, James Douglas; reporter, J. W. Farrow; executive committee, J. W. Farrow, E. Moore Fisher, J. B. Griswold.

There were three new members added to the membership: Charles D. Gordon, of Mt. Arlington; Augustus L. F. Baker, Ellery N. Peck, of Boonton.

Annual delegates to the State Society, Louis R. Henschel, H. S. Wheeler; alternates, G. H. Foster and Clifford Mills. Dr. A. E. Carpenter was nominated for permanent delegate to fill vacancy caused by the death of Dr. Calvin Anderson.

Dr. T. N. Gray, of East Orange, explained the position of osteopathy and the bills now before the Legislature. Dr. Clifford Mills presented resolutions favoring the establishing of a tuberculosis hospital in Morris County for Morris County cases, which, after some modification and strengthening, were unanimously adopted.

As a result of Dr. Vinton's talk on public health, the following committee was appointed to do local work: Drs. Emma C. Clark, chairman; Linn Emerson, H. W. Kice, G. A. Becker and W. J. Wolfe.

Newark Medical League.

Reported by A. Finkelstein, M. D.

The League held its regular monthly meeting in the parlors of the Continental Hotel, Broad street, Newark, on February 27, 1911, with a good attendance.

Heinrich Stern, Ph. D., M. D., of New York City, read a paper on "The Decay of Nations."

The paper was discussed by Drs. Kraker, Buerman, Maas, Mason, Price, Parsonette, Hicks, Christian, Gray and Fisher.

The next meeting will be held March 27th, with Dr. W. Gilman Thompson, of New York City, as the speaker of the evening.

Passaic City Medical Society.

Reported by Joseph H. Oram, M. D., Secretary.

The Passaic Society met in the Smith Gymnasium, Passaic, March 9, at 8:30 P. M., Dr. George T. Welch in the chair.

Dr. William H. Hicks, of Newark, read a paper on "Incipient Insanity and Its Early Recognition."

Dr. G. T. Welch, Passaic, presented a patient who had recovered from tuberculosis.

The members voted to unite with the Passaic County Medical Society after April 1, 1911. The city society has a membership of 43. The next meeting will be held April 13, the session closing with a dinner.

The New Jersey Association for the Prevention and Relief of Tuberculosis.

This association was instrumental in getting introduced, and carried through, a bill, at the last session of the Legislature, authorizing Boards of Freeholders to establish county tuberculosis hospitals for advanced and incipient cases. Since then the efforts of the association have been concentrated on Boards of Freeholders, bringing the matter to their attention, and making pleas for hospitals. The Hudson County Hospital, taking care of 130 incipient and advanced cases, was established before the bill was introduced. The Essex County Hospital, at Soho, taking care of 100 cases, is soon to be opened, and Union County has selected a site and made an appropriation of $50,000 for fifty beds.

Hearings have been had before the Boards of Freeholders of Bergen, Passaic, Morris, Atlantic, Gloucester and Middlesex. The plan of action followed is: An informal hearing before the board, at which the matter is briefly set forth, after which a public hearing is held with representative citizens from all boroughs of the county under consideration. Local committees in these various counties have been most active in their effort to secure hospitals. At a hearing before the Board of Freeholders of Morris County, held in Morristown, March 8th, there were 100 citizens present, with resolutions and endorsements from officials, boards, and civic organizations covering the entire county.

It is the purpose of the association to have hearings, before all Boards of Freeholders in the State, and, eventually, to have hospitals

established in the larger counties. In the south part of the State the plan is to combine one hospital for Camden, Salem, Gloucester, Cumberland and Atlantic. The population of these counties is 333,443, and the number of deaths from tuberculosis in these five counties, according to the latest report from the Bureau of Vital Statistics, was 518. It is proposed to ask for an appropriation of $100,000 from these combined counties for a hospital of 100 beds. Five years ago there was no hospital provision in the State for tuberculous patients, aside from the Shepard Memorial Hospital in Orange, taking care of ten or twelve patients, while now there is provision for 650 patients. In addition to this all the State institutions have asked for appropriations for shacks for the care of their tuberculous inmates.

BERGEN COUNTY MEDICAL SOCIETY.

Complimentary Dinner to Drs. John J. Haring and Samuel J. Zabriskie.

One of the most delightful of county functions was the dinner tendered by the Bergen County Medical Society to its two oldest members, Dr. J. J. Haring, of Tenafly, and Dr. S. J. Zabriskie, of Westwood, Tuesday evening, March 14, 1911, in Elks' Hall, Hackensack. Dr. Zabriskie's increasing feebleness prevented him from being present. Dr. Haring was, therefore, the only guest of honor, and he was seventy-seven years young, bearing the honors accorded him with dignity and his usual happy courtesy. Some sixty persons were present, and after enjoying a fine dinner of ten courses Dr. Bell, of Englewood, toastmaster of the occasion, started in a most happy vein the feast of reason, of reminiscence and of good fellowship, which crowned the repast.

Flowers of affection, of compliment and of deserved commendation too often are left for obituary notices, but Dr. Haring's confreres were determined that this should not be in his case, and large bouquets of commendation, compliment and love were tossed to him and he was compelled to believe that his medical brothers and other friends had found in him a large measure of many gifts and virtues.

Toastmaster J. Finley Bell, M. D., of Englewood, said:

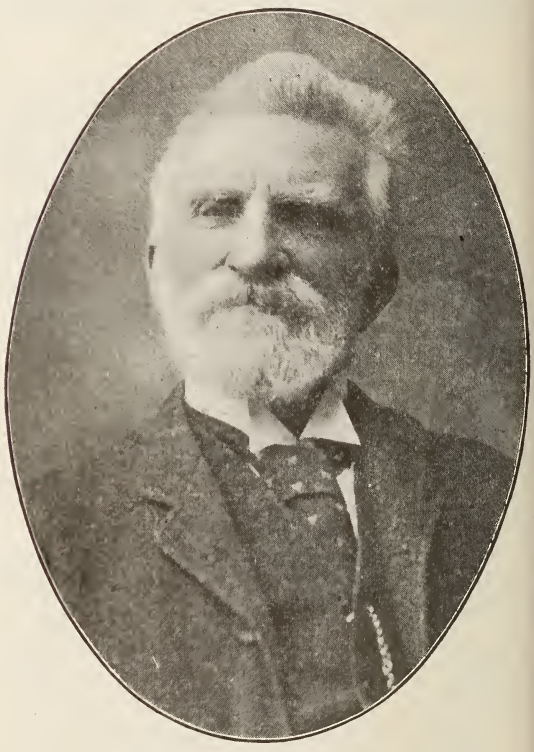
"Members of the Bergen County Medical Society and Guests:

"We are assembled to-night around this banquet table to pay our respects to the oldest member of our society. As you will observe on the first page of the menu, these exercises were to include Dr. Zabriskie, of Westwood. Unfortunately, too late to change our plans, Dr. Zabriskie decided that it would not be prudent for him to venture out, owing to his advanced age and impaired health at the present time. In passing it would be proper to state that Dr. Zazriskie, although four years older as a physician, is the junior by two years of his fellow, Dr. Haring. I believe I voice the unanimous opinion of the committee in charge of these exercises by expressing the desire that at some time in the near future, with more favorable weather, a dinner be given to Dr. Zabriskie, either in this hall or in Westwood.

"There are many reasons why functions such as this should be of more frequent occurrence. First, it is a mark of respect which those of us in the heyday of our activities owe to those who, by reason of long years of service and of advancing age, are relinquishing the field to us. They have blazed the way, in consequence of which our tasks are lighter and our efforts more effective. Secondly, it will serve to raise a higher standard of fellowship and solidarity among us, and consequently elevate the profession of medicine in the eyes of the general public.

(We are obliged, for want of space, to omit the excellent remarks of Dr. Bell on the profession generally. We will insert them next month. —Editor.)

"Certainly there can be no higher demonstrable mark of efficient professional service than the fact that after fifty-eight years of medical practice one can produce from among his oldest patients warm and devoted friends.



JOHN J. HARING, M. D.

I have the honor to present Mr. W. R. Cattelle, who for many years has lived in fellowship with Dr. Haring, and is now not only willing, but anxious, to tell you what he thinks of Dr. Haring, the friend."

DR. HARING AS A FRIEND.

Mr. W. R. Cattelle gave a bird's-eye view of his introduction to the doctor who came in a friendly way to welcome a new comer. He told of the growth of the friendship then inaugurated, and of the enduring, lovable qualities which made such a friendship a delight, and such a friend in many respects ideal.

"The Dr. Haring I met for the first time is the same to-day—genial, friendly, loyal, true. Not demonstrable, but reliable—calm and somewhat critical, there lies beneath his cool exterior, reserved for the inner circle of those whom he can trust, the warmth and poetry of youth in

his years. * * * It is customary on occasions of this kind to wish for the assembled guests, success and happiness. I wish even more for you—the blessing of friends like Dr. Haring, staunch and true."

Dr. Bell—"For many years the generally accepted duties of physicians have been less and less limited to the bedside and more and more extended into civic life in order that preventive and sociological medicine may continue its onward development. In this connection physicians must always be a most important factor. The tendency of men of business and politics is to hedge, compromise, and do the expedient thing. The mental training of the physician gives him little patience with 'near good,' 'near right' conclusions. He reasons direct from cause to effect and then to prevention or cure. That Dr. Haring has been the exponent of this ruggedly honest and direct method of arriving at conclusions, I will call upon Mr. W. H. Noyes, an old friend and a member of the New York and New Jersey Bridge Commission, to verify."

Dr. Haring the Citizen.

Mr. Noyes ably presented this subject He said:

"New Jersey contains no more loyal son; her people have no stauncher friend. Medicine well honors his name."

Mr. Noyes then described him as modest, unassuming, thoughtful, weighing well matters of general import, earnest, conscientious, ready to bear his share of public burdens and seeking to guard public interests; the doctor had proved the right man in the right place in many county and local affairs, as well as in larger matters which pertained to State and Nation. Every movement in the direction of improving the moral and religious condition of the community had his instant indorsement and co-operation.

Dr. Bell—"Two of Dr. Haring's fellow-citizens have most eloquently and affectionately stated that Dr. Haring always has been, and is, a most valued friend, a most creditable citizen. There can be no question as to Dr. Haring's standing as a physician, because in the larger sense it is through his personal characteristics and civic interests that his worth as a doctor has been made manifest through these many years. However, as a matter of fraternal devotion we have called upon and secured the services of our most gifted orator to express for you members of the Bergen County Medical Society and guests, our tribute of fraternal and professional esteem. Dr. J. A. Pratt will speak of Dr. Haring, the physician."

Dr. Haring the Physician.

Dr. J. A. Pratt referred to the fact that Dr. Haring entered upon the practice of his profession with the best equipment which the schools of his day afforded and that he had lived and practiced through the period of the greatest advances in the science and art of medicine. He then paid a fine tribute to the doctor's knowledge, skill, gentleness, firmness and willness to learn new methods while not discarding the good in the old. Combined with all of these qualities were sympathy and tenderness, which won for him the regard and trust of his patients. Dr. Pratt referred to the "family physician" as meaning much more than the physician who treated the physical ills; it implied the trusted friend and counsellor; it involved the closest personal relations, the deepest respect, amounting almost to reverence. But such intimate relationships presupposed a character worthy of confidence, a fidelity as true as steel. We believe our friend, Dr. Haring, possesesd such a character and that he preserved through life a "dignity refined by courtesy."

Dr. Bell—"You all know the story of David and Goliath and the wonderful effects of a well-loaded and skillfully wielded slung shot. Some weeks ago a young David came out of Tenafly and smote the administration of the criminal law within the county. I have the pleasure of presenting Rev. Archibald E. Montgomery, the Fighting Parson of Tenafly."

Dr. Haring the Religious Man.

Rev. A. E. Montgomery said he had chosen this as the toast on which he would speak. What the doctor is as a friend, a citizen, a physician, he believed, was largely dependent upon what he is as a religious man. If religion and medicine combined produce the type of man Dr. Haring presents, then it would be well for the world if they were united more often, for he is the type of man the world needs. He has been, and is, a fighter for strong bodies, strong minds, strong characters, and in these lies the salvation of our complex modern civilization. "I commend to you Dr. Haring, the religious man."

Dr. Bell—"The public schools have always commanded much attention from our honored guest. We have with us Professor Maugham, for many years principal of the Tenafly Public Schools, also recorder of the borough, who, incidentally, loaded the before-mentioned slung shot of Rev. Mr. Montgomery."

Principal R. S. Maugham, in humorous fashion, but with an undertone of genuine love and feeling, revealed some of the secrets of the doctor's business methods, which spoke more highly of his kindly heart and generous sympathies than of the filling of the professional pocketbook. He described the doctor as the same bright, active, sympathetic, skillful physician that he was twenty-five years ago. He seems to have discovered the fountain of perpetual youth. He never permits himself to worry about money matters: he just goes doctoring with all his might; bills with him are not even of secondary importance.

"I wish to pay a tribute, in my feeble way, to a noble man, and to make the point that, to be a successful physician in the broad sense, one must be a man in the broad sense. Dr. Haring is that kind of a man, and to that, as much as to his learning and professional skill, is due the fact that he is one of the most successful physicians in this part of the State."

Dr. Bell—"I now find myself confronted with the most difficult task of the evening, not because of the paucity of emotions, ideas or inspirations, but because they come with such boundless profusion that I find it difficult to make proper and adequate selection. Were I to speak on all the phases of the example which the honored guest of the evening has set for us I would be encroaching upon time allotted to him. May I, therfore, say, in the name of the Bergen County Medical Society, that each and every member has long respected your eminently successful career, your undying and self-sacrificing devotion to your patients, your generous and charitable impulses which course

through every vein. We love and respect you for that strong and manly personality which has never been warped by adulation or considerations of personal advantage, but always freely, forcefully and unselfishly exerted for the public weal. It is the wish and prayer from the soul of every one of us that your years of active usefulness may long continue as an example and inspiration spurring us on to nobler and better work, not only in the strictly professional side of medicine, but in that wider and possibly more important field, namely, civic interest."

Dr. David St. John, of Hackensack, was compelled to leave before his paper was called for, but it was read by Dr. Edwin Holmes.

Dr. St. John referred to his own settlement in Hackensack in 1875. The leading physician of the town and county was Dr. Charles Hasbrouck, and it was from him that he heard much in praise of Dr. Haring, who had been his associate and was then classed as one of the active, progressive, leading physicians of the county. From personal intercourse with him he was impressed with his dignified professional bearing and courtesy, his acute medical mind, his superior judgment, and his correct conclusions, and these qualities gave him the success he has had. He referred to the rich reminiscences of such a long and honorable service, and how one is inspired by the lives of unselfish devotion in the face of the formidable difficulties of the oldtime practitioners. The genius and skill born of necessity they possessed. All honor to their work and often wonderful accomplishments. He expressed, in closing, the hope that Dr. Haring might long be spared to quietly continue his life work in bringing health and cheer and comfort to his loyal patients, and the sweet pleasure of companionship to his host of friends.

William Dulles, lawyer, New York City, resident in Englewood, having been called to Chicago, sent a letter expressing deep regret that he could not be present, in which he said: "My fifteen years' residence in Englewood has increased in my mind the impression of the remarkable work done by those who were the earlier residents and who so deeply impressed upon the region their personal character. Certainly Dr. Haring stands high in this honorable list, and we welcome the chance to pay tribute to a long life of unselfish service which gives to a community far more than it ever receives in return."

Dr. David C. English, New Brunswick, editor of the State Society Journal, who had expected to be present, was compelled by personal sickness to send a telephone message, through Dr. St. John, expressing deep regret that he could not attend, and heartiest congratulations to Drs. Haring and Zazriskie.

OUTLINE OF DR. HARING'S RESPONSE.

Expressing his grateful acknowledgment of the congratulations and kindly feelings extended, he said if he had been consulted he would have suggested that recognition should be paid to the value of professional services rather than to its length, in which case the compliments he was receiving would have gone to some other member of the society. Dr. Bell had figured out that he had practiced medicine in Bergen County longer than any other physician and that his membership dated further back than that of any other member. To the best of his knowledge he was born in 1834 and this function was in recognition of his 56 years of professional life and his membership in the society.

Dr. Bell had told him that there would be no lengthy responses to the toasts, but that no time limit would be placed on his response. It was a hazardous privilege to extend to one advanced in life, who was expected to give reminiscences covering a period of 56 years of professional life. He thanked his good friends for the many good things they had said of him, but would remind them that on such occasions the good qualities are naturally over-estimated and over-emphasized, while the weak points are not recalled. He would give his own estimate by claiming to be an average specimen of the genus homo, possessing average qualities of mind and heart and measuring up to only an average degree of accomplishment and usefulness in the ordinary walks of life.

He traced his family ancestry back into Holland history, beginning with an old Burgher named John Haring, in the sixteenth century, referred to his bravery, and then of four Haring families in the middle of the seventeenth century, some of whom possessed a large tract of land on Manhattan Island in the vicinity of the present Times Square, and others of a large tract in Tappan Town, where his great-grandfather purchased 200 acres, and where his own father and himself were born. He early entered the public school under an exceptionally good teacher, and for years, in all kinds of weather, walked to the school four miles distant. He cited some incidents of his school-boy days. Later he entered a school taught by J. R. Wortendyke, who prepared young men for college, account was given of the four other young men in the schol, among them S. J. Zabriskie, who afterward graduated in medicine and settled in Westwood, has practiced there 41 years and who receives their congratulations with him on this occasion.

At eighteen, with preparation completed for college, he changed his plans, because of weakness of his eyes and other troubles and determined to study medicine. He entered the office of Dr. M. C. Hasbrouck, in Nannet, Rockland County, N. Y.; received his faithful instruction; later accompanied him on some of his rounds visiting the sick. He recalled having followed up a case of pneumonia from its inception to recovery; described physical signs, symptoms and treatment: counter-irritation with mustard or croton oil; covering parts with layer or two of cotton and a snugly applied bandage; opening the prima via with a saline; controlling heart's action by digitalis or veratrum; promoting the secretions by spirits of mindereri and nitre; favoring absorption in advanced stage with muriate of ammonia and ending with iodide of potassium and a vegetable tonic. These remedies and measures had not, in his judgment, lost their claim in the treatment of pneumonia. He believed that two or three decided doses of quinine in the first stage often cut short the attack. A fatal case was rare then, due in some degree doubtless to the then type of the disease.

He took his first course of lectures in the University Medical College, New York, under those grand veterans, Drs. Mott, Van Buren, Bedford and others. Returning to Dr. Hasbrouck's office he did much apothecary work for him. It was then that Dr. Charles Hasbrouck, a charter member of the Bergen County Medi-

cal Society, visited his brother, and, being overburdened with professional work, the speaker yielded to his suggestion to become his assistant and it resulted in his transfer to the New Jersey field—Schraalenburgh, now Dumont. Dr. Hasbrouck introduced him to patients as Dr. Haring, forgetting to inform them of his unfinished course. The result was an undue degree of honor; most of the night work and most of the outlying calls requiring fifteen or more miles of travel daily. At the opening of the next winter he entered Jefferson Medical College, Philadelphia, attracted there by the fact that several of the authors of the standard text books—Wood, Dunglison, Mutter and Pancoast—there taught, and because a splendid hospital there was available to the students. He did not then expect to graduate there, intending to take his degree at the College of Physicians and Surgeons the next year, but a month before the course closed at Jefferson, he suddenly decided to increase diligence in study and work and become a candidate for graduation. Dr. Hasbrouck and his friends at home knew nothing of this decision and he took much pride in flourishing his sheepskin as evidence of a hard winter's work. Two years in medical college was the requirement for graduation at that time. His graduation thesis was "The Tongue, Its Anatomy, Uses, Diseases and Pathologic Indications."

Eight months of active and more mature work with Dr. Hasbrouck followed, succeeded by a winter's course in the medical schools and hospitals of New York City, under the great teachers, Willard Parker, Alonzo Clark, Sayre, Van Buren and James R. Wood. This was followed in the spring by a partnership with Dr. Hasbrouck which lasted a year and a half, when Dr. Hasbrouck having decided to locate in Hackensack, he purchased the latter's residence and farm of 22 acres and became the occupant of a field of twenty-five square miles. He described its hard work and difficulties encountered. At the end of twelve years Dr. Simpson, just graduated, became his assistant, doing faithful work for two years, when Dr. Haring purchased land in Tenafly, built his present residence and settled there, leaving the greater part of his former practice with Dr. Simpson, who continued practice there for about thirty years, till his death. He—Dr. Haring—had a large number of the best families of Englewood as patients. He recalled the visit to his office one morning of a broad-shouldered man several years his junior, who introduced himself as a physician. The visit resulted in a limited partnership. The younger partner was to locate in Englewood. That arrangement continued three years, to the advantage of the new doctor, who built up a good name, was very successful—amassing a large fortune—until death called him a few days ago. He was an honored member of the Bergen County Society for a long time—Dr. Daniel A. Currie.

With the rapid increase of families, the physicians in the Northern Valley all seem busy. The speaker's visting list rarely fell below 20, including chronic cases; these gave all the responsibility he desired to carry. A few years ago he began to indulge in a vacation; for 40 years previously he had not been absent more than 24 hours at a time; last year he took three weeks and this year he hoped to make it four weeks. Summing up his professional work, he figured it as a conservative estimate to say that, besides office calls, he had made 250,000 visits on the sick, having traveled about the same number of miles—equal to about ten times around the world—and he had attended more than two thousand obstetric cases. In his traveling experience he had worn out from twelve to fifteen horses, giving them ordinary care, and yet never but once or twice had a sick or injured animal. Attachment for his well-behaving and faithful horses had been a favoring factor in his life experience. He had no desire to go on the retired list, but expected to keep on working, as there are no present physical disabilities and his power of endurance is practically unabated. With a horse in the stall and a car in the garage, he yet often, from choice, made a four-mile round on foot. He retires at 11:30 P. M. and rises at 7 A. M. in winter and 6 in summer. Present good conditions were due to a good constitution inherited from a strong and hardy ancestry; to an active outdoor life, and to total abstinence from tobacco and alcohol in any form.

The emoluments never figured very largely. Medical fees in the olden time were quite different from those of the present. In some way either his education was neglected in the matter of exacting high fees or no inclination developed in that direction. The best compensation has often been found in the relief of suffering apart from pecuniary consideration, and those whom he was addressing could form their own judgment whether there had not been some other motive and stimulant as inspiration to the life-long professional experience outlined, than money-making. He was not at present dependent upon his profession for the comforts and necessities of life, and some of its luxuries. He referred to his home and family. "Mrs. Haring, my junior by a few years, has every quality essential to the comfort and happiness of a busy physician."

Dr. Haring then briefly referred to the personnel of the original members of the Bergen County Medical Society, who were only six in number, comprising nearly all the medical men in the county at that time.

"Dr. Charles Hasbrouck was, I think, conceded to be the brainiest man of the number. He was well educated, of wide reading and a brilliant essayist. His papers on file are among the valuable assets of the society. Dr. W. H. Day, of New Durham, and Dr. Abram Hopper were the veterans. Dr. Day was a dignified man of the old school and yet something of a rhymster. Having been treated unprofessionally by a New York physician, he amused us at one of the meetings in reading some dozen or more verses bearing upon the matter. Dr. Abram Hopper was in his day the leading surgeon as among the Bergen County physicians, performing not a few major operations. I am quite sure he was a firm believer in laudable pus, regarding it as an essential factor in the healing process.

"Dr. Thomas Dunn English was with us for a while, a rough exterior, becoming afterward a writer and poet of distinction. The author of 'Ben Bolt' and other verses of great merit, became a political worker and politician, representing a New Jersey constituency in Congress. Dr. Henry Hopper, son of Abram, was a physician of wide experience and skill and a great favorite in this village. Dr. G. E. Brown, also

of Hackensack, and Dr. Terhune, a small, active man of a somewhat erratic make-up, yet a useful member of the society. Drs. O'Blenis and the younger Hasbrouck also stood well in the early history of the society. Later, Drs. Neer, Torry, Simpson, Wells, Banks, Clark, Currie and others did their work, but finished it, some prematurely, others in early life. Of Dr. Zabriskie, Dr. St. John and myself and some others I will not say much, being at that time the younger members and standing in awe of our superiors in age and experience. * * *

"And now, members of the medical society, as your meetings have been held of late in the evening quite generally, I have rarely been with you. After a moderate day's work in and out of the sick room, the house coat, slippers, grate fire and a favorite book make a combination pretty hard to break away from on the part of a seventy-seven-year-old youngster. This evening bringing me in touch with not a few of your members, some strangers to me, I will naturally feel increased interest in the meetings of the society and I hope to have the pleasure of being with you more frequently.

"I want to say before closing that, while I have injected something of humor into this function, I am yet sensible of the serious side of it as it relates to myself. The fact that I stand before you the lone survivor of the early members of the society, is one well calculated to suggest a serious train of thought.

"The compliments you have been moved to pay to Dr. Zabriskie and myself in this unusually pleasing manner is one of these compensations. We acept the compliment you have paid us in the spirit in which it is tendered. Fragrant recollections of it will abide in memory with us. We urge our younger brother members to higher ideals than those to which we have attained and suggest a thoughtful spirit to those whom we have not greatly outclassed as to age or experience, and wishing you all success and all reasonable comfort and happiness in your vocation almost divine, we thank you most cordially for the honor and compliment you have on this occasion paid us."

American Medical Editors' Association.

The forty-second annual meeting of the association will be held at Los Angeles, Cal., on June 26 and 27, and plans are being perfected to make it one of the largest and best that the association has ever held.

Two parties are being organized to make this trip to California, one overland, under supervision of Dr. C. L. Stevens, of Athens, Pa., and the other by Dr. Joseph MacDonald, Jr., which will go via Southern Pacific steamer to New Orleans and by rail trip of 72 hours to Los Angeles. One party will leave New York, Wednesday, June 14, at 12 o'clock noon, from Pier 48, N. R., on one of the Southern Pacific Company's steamers, arriving at New Orleans on the 19th; leaving there on the 21st, arriving in Los Angeles June 24. The second party will leave from same pier June 17, at noon; arrive in New Orleans June 22; leaving there June 23, and arriving in Los Angeles June 26.

Passengers holding round-trip tickets will have the privilege of returning by way of San Francisco or Portland, via any direct route. Tickets will be valid for return to September 15 Members and their friends contemplating taking this trip may communicate with Mr. L. H. Nutting, G. P. A., Atlantic Steamship Lines, 366 Broadway, New York City.

Northland Congress of Internal Medicine.

The seventh Scandinavian congress for internal medicine is to be held early in July, 1911, at Bergen.

Third International Laryngo Rhinological Congress.

This congress will meet in Berlin from August 30 to September 2, 1911, under the presidency of Professor B. Frankel. The secretary of the congress is Professor Rosenberg, Berlin N. W., Schiffbauerdamm 26.

The Fifteenth International Congress on Hygiene and Demography.

The congress, which will be the first on hygiene and demography to meet outside of Europe, will be held in Washington, September 23 to 28, 1912. The Department of State has assumed responsibility of the conduct of the congress. President Taft has consented to act as honorary president, and the official invitation has already been accepted by twenty foreign governments. Dr. Henry P. Wolcott is the president of the congress, at which the United States will have an opportunity to make known its sanitary achievements in the Canal Zone, Cuba, Porto Rico, the Philippines and Hawaii. It is earnestly desired that physicians and others interested in the subject of hygiene shall signify their intention of becoming members of the congress to Dr. John S. Fulton, secretary-general, Army Medical Museum, Washington, D. C.

International Congress of Pathology.

The date of this international gathering of pathologists has been fixed as October 2-5, 1911; Turin is the place of meeting. The notices are being sent out by Professor P. Foa, Corso Raffaello 30, Turin, in the name of the Societa Italiana di Patologia.

International Congress of Surgery.

The third congress of the International Surgical Association is to be held at Brussels, September 26-30, 1911, with an exhibition of fractures and methods of treatment in addition to the usual exhibition of surgical instruments and appliances. The three subjects to be discussed are surgery of the lungs and pleura, colitis and pancreatitis. Professor Depage is the secretary-general, Avenue Louise 75, Brussels, Belgium.

The International Medical Association to Aid in the Suppression of War.

This association will meet in Paris in September, 1911, the exact date to be fixed later. Medical men desiring to attend the congress are requested to communicate with the president, Dr. J. A. Riviere, 25 rue des Mathurins, Paris.

The Plague in India.

During the month of February, 1911, the deaths from the plague in India reached the total of 88,498.

THE JOURNAL

OF THE

Medical Society of New Jersey

APRIL, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

THE 145th ANNUAL MEETING

of the

Medical Society of New Jersey

will be held in the

NEW MONMOUTH HOTEL, SPRING LAKE

June 13-15, 1911

Further announcements will be made in the Journal next month

We are compelled to defer insertion in this issue of able papers by Drs. Cosgrove, of Jersey City; Wintersteen, of Moorestown, and L. F. Flick. They will appear in our next issue, with some others recently received. We again call attention to the importance of sending each month, *at the earliest possible date,* reports and papers. While our rule is to give secretaries, reporters and others till the 25th of the month as the latest date, so many delay sending till about that time that we have often more material than can be properly prepared and than we can use, and we have to lay it over till subsequent issues. We always endeavor to give society reports prompt insertion.

The Medical Practice Bill—299—still remains unacted upon by the Legislature as our last matter goes to press.

THE MEDICAL PRACTICE BILL.

The medical profession of New Jersey, embracing the regular, homeopathic and eclectic schools, has united on a Medical Practice bill, after most careful thought and study, and has secured its introduction in the Legislature. The one aim has been to make it the best possible for the highest interests of our State in the preservation of the lives and health of its citizens.

There is no more lofty and sacred duty devolving upon those who are by education and practical training the logical and competent guardians of the State's health interests, than that they give their best thought and activities for the enactment and carrying out of proper safeguarding laws for that end, and there is no more supreme duty resting upon our legislators than that of acting upon laws suggested by those who are competent to speak because of their scientific knowledge and practical experience, with that careful judgment that ever has the public good as its highest aim and object in legislation, and that yields to no pressure brought to bear upon them, by designing men who are actuated by selfish motives and resort to falsehood and trickery in private or through the public press to accomplish their ends.

We offer no apology; we seek no defence, we ask no rewards for ourselves as a profession in presenting and advocating the enactment of this bill; we have never asked or desired any favoritism in our effort to secure what we believed to be good and helpful laws. We demand, through this proposed bill, of others nothing that we do not ask—yes, demand—of graduates in the three recognized schools of practice—that the incompetents who fail to come up to the required standard of medical knowledge on examination before our State Board of Medical Examiners shall not be allowed to practice.

We do not ask our legislators to enact this or any other law that their sound judgment does not decide is for the public's highest good, but we do ask that in making the decision on all bills affecting public

health, they will bear in mind their tremendous responsibility for human life and human suffering as affected by their decisions. And we ask another thing—that they shall protect the honor and good name of New Jersey. Reciprocity has been denied us by the Examining Board of New York State, because the requirements for licensure under our present law are not equal to those of New York and some other States. This, we feel, is a disgrace to us which should be removed, and this bill has been drawn to do so and to put our State in the fore front, where she ought to be, and also to define the practice of medicine as it is defined in the New York State law.

We do claim that in this, as in our profession's record of devotion to the State and its health interests and to the dependent classes, we are entitled to fair dealing which recognizes the purity of our motives and our unselfish activities. The Medical Society of New Jersey, during its 144 years of existence, has a record characterized by unceasing effort to raise the standard of medical education and to conserve and promote the public health. For ten years it fought for a State Board of Health before legislators and Governors, and not until public sentiment was aroused by discussion in newspapers, the circulation of literature and the holding of State conventions, were they compelled to organize such a board, and, through its work, tens of thousands of lives have been saved. Thus has preventive medicine conferred incalculable blessings upon our State, while it has also lessened the physicians' incomes by hundreds of thousands of dollars.

In this same direction our persistent and successful efforts to secure laws for the prevention of ophthalmia neonatorum and the purification of our water, milk and other food supplies have greatly lessened infant mortality and saved thousands of adult lives. With like persistency we fought for and obtained our splendid State hostals for the insane; the Epileptic Village at Skillman, our tuberculosis sanatoriums, and we are now foremost in the warfare against tuberculosis, and have also entered the contest against the social evil which is causing multitudes of deaths, largely increasing the number of the State's dependent classes and causing incalculable misery and unhappiness. We shall not enlarge upon the unbounded charity exhibited by the members of our profession, exceeding that of any other profession or class of men; nor shall we dwell upon the marvellous progress made in scientific knowledge, we only refer to the fact that all this progress has been made through the study, investigations and observations of scientific medical men and not through faddists, fakirs or quacks. Mr. P. T. Barnum said: "The American people love to be humbugged," and "The bigger the humbug the better it took," but it has no place in dealing with the great problems of human life and human suffering; we shall ever seek the profession's and the public's good in trying to solve those problems through scientific methods and measures.

But we are met in our advocacy of this excellent bill—No. 299—by the opposition of the osteopaths with their misrepresentations, sophistries, newspaper bureau campaign and the old scheme of getting scores, if not hundreds, of letters to the members of the Legislature. They are welcome to their monopoly of this method of campaigning; we believe our legislators are men of intelligence and we propose to treat them as such. The osteopaths claim that they are not practicing medicine, which is not only a quibble, but the sheerest nonsense, for they are treating functional disorders, organic diseases and deformed conditions and are recognized by the uneducated as "doctors." The worst of it is that, incompetent as the vast majority of them are to correctly diagnose disease, which is the basis of all safe and sane treatment, that hundreds of lives have been sacrificed by the neglect of proper treatment. We ask, shall the State put its endorsement on the unscientific work of such incompetents and thereby sanction that which is practically, if not intentionally, deceptive and destructive?

We give the following extract from a

paper read before the Nebraska State Medical Society by Dr. L. A. Merriam, of Omaha:

The essence and whole of osteopathy is embraced in Dr. Andrew Still's own words, "That all diseases are due to pressure upon some part of the nervous system, resulting from the dislocation of some osseous structure." This principle, erroneously so called, they can justly call their own, and that is all there is of osteopathy. Their whole idea may be defined by the one word "adjustment," and when their healers use the bones as a lever to stretch a nerve, a muscle, a tendon, or to remove obstructions, this is not new in theory or practice, for it had been in use for a long time, under the name of Swedish movements, and long prior to the time Osteopathy was "Still"-born. They may succeed for a time, as all systems have done, and do much good for humanity, but their idea necessitates the predominence of enthusiasm over reason and common sense, by teaching that "lesions" or "subluxations" are the primary cause of all diseases, and this belief being the basic principle of all of the theories of Osteopathy, will never succeed, or hope to gain permanent favor from the ever watchful eye of modern science.

Will the State practically abandon the good work that our State Board of Medical Examiners has been doing by giving the exploiters of every new fad that comes up a board of examiners, and thus give them its sanction to prey upon the ignorant and credulous? When the chiropodist and the midwives have been compelled to go before our present Board of Examiners—on which board they have no representative—shall we have a separate board for optometrists, osteopaths, nurses, and, if so, why not for barbers? Certainly, then, we ought to establish a board of examiners for each separate branch of specialists. But, seriously, has not our State enough boards?

Advance copies of the above editorial were struck off, endorsed by the following officers of State Medical Societies and sent to the legislators, urging the passage of the bill as amended.

T. H. Mackenzie, M. D.,
President of the Medical Society of New Jersey.

Carl H. Wintsch, M. D.,
President of the New Jersey Homeopathic Medical Society.

D. P. Borden, M. D.,
President of the New Jersey Eclectic Medical Society.

THE NURSES' BILL 370.

About as undignified, ungrateful and unwomanly an exhibition of misrepresentation and political manipulation as we have seen in legislative contests is that contained in a circular issued under the New Jersey State Nurses' Association and signed by one Elizabeth J. Higbid, Secretary. It begins by urging *"every physician," "every medical society,"* and others to use influence with Senators, Assemblymen and *"other political men* throughout the State," and then in "Reasons for Nurses as Board of Examiners," which we give below, grossly insults physicians who have established training schools, given nurses free instruction, secured many of them positions and have done more to give them what standing they have than all others, not excluding nurses themselves.

Reasons for Nurses as Board of Examiners.

1. It is the desire of the nursing profession to keep its educational affairs from under the influence of medical politics.

2. *The knowledge or interest of the average practitioner, in nursing affairs, is slight.* The desirable man is too busy to give his time to the preparation and marking of nurses' examination papers.

3. State Registration is a step toward placing the education of the nurses upon a higher professional basis. In all other professions members are judged and rated by members of their own profession. Nurses are entitled to the same consideration that has been awarded doctors, lawyers, pharmacists, etc.

4. It was the deplorable condition of hospitals which caused Florence Nightingale to establish the first training school for nurses. Her example was followed in this country by the WOMEN of New York, Boston and New Haven. Her advice was to have a woman in charge. *Most doctors opposed training schools until proven to be a success.*

If the only knowledge of the subjects on which doctors lecture was obtained from the lectures, they would be of absolutely no use. These lectures are supplemented by instructions from the supervisors, with the aid of text books WRITTEN BY NURSES.

The subjects for examination mentioned in Assembly Bill 370 are specified as "elementary."

It is expected that State Registration will act as a safeguard to the moral status of the nurse, who, owing to her intimate relations to the family, should be above reproach, and the responsibility for which should be placed upon the nurses themselves. Sixteen of the States having registration have nurses ONLY on the Board fo Examiners.

We have italicised certain parts which are notoriously incorrect, unfair and insulting and yet the author or authors have the

audacity to solicit our influence for the passage of this objectionable bill.

Further comment on this circular is unnecessary. Justice to all true and worthy representatives of this high and blessed vocation, however, compels us to add an expression of our confidence in, and great respect for, the vast majority of trained nurses. From our observation of and experience with them we believe that they have the true nurse's spirit—the Florence Nightingale spirit—modest, gentle, careful, devoted and enthusiastic; that such nurses are verily "angels of mercy," who recognize their proper relations to the physicians and the patients and who never could manifest the spirit that characterizes the circular to which we have referred.

WILLIAM PIERSON MEDICAL LIBRARY ASSOCIATION.

Every member of the medical profession who knows the splendid record made by Dr. William Pierson as a man, a physician, an officer of the Medical Society of New Jersey, and especially every one who knew him—as it was the editor's privilege to know him—as a warm personal friend, cannot fail to be interested in the success of the Memorial Library which bears his honored name. Surely the profession resident in the Oranges and in all Essex County can never be indifferent to its prosperity.

Not only is the association in charge of the library to be commended for its activity and congratulated on its success in sustaining the library, but also for providing, in addition to its specific work of caring for the library, an excellent course of lectures on medical subejcts during the winter months by prominent members of the profession from different sections of the country. These lectures have been well attended and have been interesting, instructive and practical.

It was the editor's great pleasure to attend the lecture given in the library building at Orange, March 21st. We noted the large attendance of physicians and their manifested deep interest, as we listened to an exceedingly able, practical, helpful address on "Diseases of the Liver," by Dr. Thomas C. Janeway, of New York City. We were especially pleased with the prominence the doctor gave to the matter of diagnosis as he spoke of the difficulties and the methods of solving them, in making correct diagnoses of actual displacements and seeming displacements due to overlapping of other enlarged, misplaced or diseased organs, and his clear descriptions of the various enlargements and diseases of the liver, with their differential diagnoses. These were made clear by illustrating with a large number of excellent lantern slides which were calculated to help the memory in retaining the helpful thoughts with which the lecture abounded. We commend such instructive and practical presentation of medical subjects, based on clinical experience, to our county and local medical societies.

We give more space than usual to such functions as the complimentary dinner given to Drs. Haring and Zabriskie, by the Bergen County Society. We are able, however, to give only very brief outlines of the speeches and only about one-third of Dr. Haring's response sent to us by the secretary. We shall refer to this occasion in our next issue. It is a singular coincidence that, while this honor has been paid the two oldest members of the society, the deaths of two other of the oldest and honored members are announced in this issue of the Journal. Thus sunshine and shadow in all life's experiences.

Management of Children Predisposed to Nervousness.

Dr. L. F. Barker, in a paper on the above subject in the Bulletin of the Med. and Chir. Faculty of Maryland, insists emphatically that in any case nervous children should not be sent to school too early; preferably they should start a year or even several years later than the normal child. And in the schools they should never be pushed ahead too fast; competition is dangerous for the nervous child. The mistaken ambition of parents who desire their children to head the class is often responsible for serious injury to health. Sleeplessness is always a danger signal. In children it is frequently due to indigestion or to mental overstrain; occasionally to premature sexual excitations. If insomnia appears, and especially if it persists, the parents should consult a physician.

Editorials from the Lay Press.

Vivisection's Benefits.

From the Daily State Gazette.

The anti-vivisectionists lose sight entirely of the inestimable benefits that have been secured for mankind through vivisection. Rats and rabbits and dogs have been used to secure valuable knowledge, and it is a fact that many of the once-dreaded diseases have ceased to be such solely by reason of what has been discovered through the use of animals.

There was a crusade against rats in San Francisco in order to check the advance of the bubonic plague, yet there were no protests because the rats were slaughtered to save human life. If a few rabbits and guinea pigs can be made to relieve mankind, so much the better for mankind.

Heroes of Research.

Editorial from the New York Daily Tribune, March 22, 1911.

The news of the death of a physician from infection at Swinburne Island with cerebro-spinal meningitis in a malignant form is a grim reminder of the perils of the healing profession and of the essential heroism of those who wield the scalpel no less than of those who wield the sword. The roll of physicians and surgeons who have sacrificed their own lives in saving the lives of others is a long one, while the number of those who gravely imperil their own lives is legion. That peril is characteristic of and inseparable from their work.

It is a reminder, too, of the immense importance and of the self-sacrificing nature of that department of sanitary science which some affect to condemn as useless and as merely the minister of morbid cruelty. This victim of contagion had been devoting himself to bacteriological research. Now, the whole science of bacteriology has been developed through those vicarious researches which some so glibly rail against as needless and fruitless. It would be useless to argue with those who deny the value of the various serums which are saving the lives of multitudes of sufferers from diphtheria, tetanus, meningitis and other plagues, or who would prohibit the making of bacteriological "cultures" and autopsies. But thoughtful and fair-minded persons will generally recognize without hesitation the great value of such services to humanity and the credit and gratitude which are due to those who perform them.

We compare the valor of the scalpel with that of the sword. In fact, the former is the greater. A certain hot-blooded animal recklessness may at times animate the soldier. But the surgeon or physician who, without the stimulus of excitement and enthusiastic companionship, devotes himself to the investigation and treatment of an insidious, mysterious and loathsome disease must be possessed of spiritual valor of a high type. To picture such men as moved simply by idle curiosity or by a love of gloating over suffering and horrors is an injustice more monstrous than it would be to charge a Washington or a Havelock with fighting battles just for the love of seeing men slain.

Dr. Jacobi Lauds Drs. Doty and Ashley.

From the New York Tribune, March 23.

Dr. Abraham Jacobi, dean of New York's medical profession, spoke strongly last night for the retention of Dr. A. H. Doty as Health Officer of the Port. Dr. Jacobi was the guest of honor at the dinner of the Eastern Medical Society, at the Hotel Astor.

"The sanitation of the city should be conducted on a purely scientific basis," he said, "and it should be kept entirely free from political considerations. I have known Dr. Doty for many years, and I am convinced that no man could be found who would fill the post of Health Officer of the Port with the same success that Dr. Doty has done for fifteen years. His experience, covering such a long time, is invaluable, and I can think of no man who could supplant him in this capacity."

Dr. Ashley, the young physician who died of spinal meningitis contracted at the autopsy of a man who died in Quarantine, received the highest tribute from Dr. Jacobi. "He died like a soldier," said the old physician, "better than a soldier, because he died in the cause of all humanity, and his memory should be kept high among all men, and particularly among those who follow the medical profession."

There were five hundred men and women present, members of the Eastern Medical Society, and their wives and guests, and the dinner developed into a tribute to Dr. Jacobi. Resolutions in appreciation of his work for the medical profession were presented to Dr. Jacobi, who is now eighty-one years old, and has been a practicing physician for almost sixty years and a teacher during two score of years.

Our Public Schools.

From the Newark Evening News.

Public schools and public school pupils are steadily becoming subjects of general and expert solicitude. The recent National Teachers' Association convention at Boston made it clear. Industrial education, sanitary and moral prophylaxis, retardation, subnormal pupils, dental hygiene, outdoor treatment, are all good topics, but such as were never dreamed of in former days. But now one of those persons who are ever asking questions calculated to upset or disturb some well-laid plans, wants to know when the subject of the nervous prostration of teachers is to be taken up, and how to keep teachers sane in mind and sweet in disposition amid the multiplicity of new and exacting duties that conventions thrust upon them.

THE MEDICAL PROFESSION MUST CHANGE ITS TACTICS.

By William J. Robinson, M. D.,
New York, N. Y.

President of the American Society of Medical Sociology.

He who is not a frequent visitor to radical clubs, does not come in contact with newspaper men, with New Thoughters, and does not read regularly the numerous neuropathic, health culture and physical culture journals, and other al-

legedly advanced publications, can have no idea how the medical profession is ridiculed, how it is maligned, how it is lied about, how it is misrepresented, how it is "knocked" on every possible occasion.

We are pictured as ignoramuses, grafters, butchers anxious to operate whether there is a necessity or not, drug dopers, etc., etc. We are denounced as a trust, monopoly and any attempt of ours to organize, to pass laws protecting the public health is characterized as an attempt at class legislation, a desire for special privileges, inspired by our fear of the competition, by our fear of the superior skill of our irregular rivals.

And the average physician who has not given the matter any thought, has no idea what effect these unceasing slanders and persistent lies have on the public mind, how suspiciously a large part of the public is beginning to look at the medical profession, how we are losing the confidence of the people, how the ground is slipping from under our feet.

As an illustration we need only mention the reception that has been accorded to the suggestion of a Federal Department of Health. The motives that actuate us and the objects of such a department were at once misrepresented, the people were made to believe that their freedom to choose a medical adviser was threatened, the forces of reaction and obscurantism, masquerading in some instances under the guise of liberalism, were quickly marshalled and in a short time a society was organized, which now claims a membership of one hundred and fifty thousand.

We physicians are ourselves to blame. When the irregular, fantastic and pernicious cults began to make their appearance, we paid no attention to them. We thought they amounted to nothing, and would soon dry up and shrivel away of themselves. When the malicious attacks began to appear in the various quack publications, we remained silent. We considered it infra dignitatem to pay attention to them, and we thought that the public would have no difficulty in seeing through their falsity and meretriciousness.

Our long and patient inactivity has been due to the false idea that truth will always triumph and error is bound to die. Yes, eventually. But if error is allowed to grow and spread unhampered, while those who see the truth will not take the trouble to proclaim it and expose the error, then it can take centuries before the correctness of the truth and the falsity of the error will be perceived.

In this, as in every other line of human activity, prevention is immeasurably superior to cure, and the right way to fight error is not to permit it to get a firm foothold. Error and superstition are hard things to uproot after they have attained the dignity of a universal belief.

It is time that the medical profession change its tactics and assume a wide-awake, militant attitude. It is time that we actively attack error wherever it shows its head. By reading papers before law audiences, by participating in discussions, by writing to the newspapers, by refuting the false arguments of the false prophets wherever they appear, we can do much toward destroying the influence of the quacks and the irregular cults. In short, we must throw off our exclusiveness, we must go out to the public and take it into our confidence.

The truth is with us—that we know; only we must not hide it under a bushel, and expect that its light will, without any effort on our part, penetrate into the darkest recesses of ignorance and quackery.

12 Mt. Morris Park W.

WHAT CAN WE DO TO IMPROVE THE SITUATION?

Extract From the Annual Address Before the Medical Society of the State of New York by President Charles G. Stockton, January 25, 1910.

The success of the physician has always depended upon his ability to convince people, and the doctor has a following in ratio to the extent of his command of public and private confidence. In these days more than ever we are devoting ourselves to the education of the community, not alone individual members thereof, but society as a whole. An excellent instance of this is seen in the enaction of the pure food law in the face of the opposition of organized interests, for its necessity had been shown not only to Congress, but to the constituencies of the representatives. Another example is seen in the growing willingness of the people to obey quarantine laws. While there is much to be accomplished in the control of epidemics, the situation is steadily improving in proportion as the people are made to understand the necessity and to place confidence in the guidance of professional authority. We may discover a great promise for the future in the fact of the interest shown by the average man in the matter of pure water supply, proper drainage, the control of mosquitoes and other carriers of disease. Such instances as the practice of vaccination and the use of diphtheria antitoxin are so universally accepted that we fail to realize what remarkable illustrations they are of the obedience of the community to the dictates of medical science. In the campaign against tuberculosis the success has been so marked that we now have comparatively little difficulty in obtaining the consent of the patient to follow that course in life most suited to him; the trouble now lies in providing him with the opportunity.

In the State care of the insane and of the blind, the movement to do away with ophthalmia neonatorum and the gain in the matter of educating defective children stand out among numerous examples of altered public opinion, the outcome of professional education and guidance. Through this teaching function of the profession, with the rise of scientific knowledge and with higher professional ideals, we are achieving the confidence of mankind. We know that this has been the slow outgrowth of centuries of effort and disappointments, but even the most discouraged man in our ranks, when he pauses to reflect, must feel proud of the success which has attended his profession in guiding mankind through the wilderness of mysticism, demonology and other hateful manifestations of ignorance. As the profession has seen the result of its educational efforts and the success which has come from telling the truth and insisting upon the wisdom of following it, there has undoubtedly developed a much greater degree of confidence between physician and patient than ever existed before. It is a fact that we are much bet-

ter able to be truthful with our patients for the reason that we ourselves are not dealing so much in mystery—when a man knows a thing he can state it—and the public soon learns when a man is stating a thing that he knows.

Many of us remember the splendid address of the late President Cleveland before the society four years ago dealing with the importance of the physicians taking the patient into his confidence. The lesson of that address has not been forgotten and continues to exercise a good effect.

Despondent men sometimes deny it, nevertheless, it is true that we are winning from a reluctant public a consent to be guided by our judgment. How else explain their consent to submit to serious surgical procedures, to the separation of an individual from his family, or to increase of taxation and large expense in the matter of private and public sanitation?

But we should remember that in proportion to the extent with which we command public confidence we assume a burden of responsibility. It is already so great that but for our training and practice we should hesitate if not retreat. Great as it has been in the past, our responsibility is now swelling into yet larger proportions, and must increase more and more if the world is to be freed from many of the calamities that now afflict it. * * *

We have seen in recent years the erection of the most perfect framework of medical organization to be found in history—that of our own system of national, State and county societies. It has successfully withstood inimical criticism and, what is more dangerous, the unseeing neglect of a proportion of the profession. Criticism we need and I doubt not that it will profit us, but the indifference of some is depressing and unfair.

In our own State we have a splendid membership of something like 7,000 men. But what of the other thousands who are profiting, to a fragmentary extent only it is true, by our efforts, and yet who stand apart? Can we not by some means represent a more united profession? Indifference is a crime. It is so because it favors wrong-doing and retards other advance. A complaint is made to some extent by those who work in country districts, but they are less blameworthy than the city dwellers. And the hard working general practitioner is less guilty than the more favored few who have through opportunity or ability reached positions of special influence.

Yet there are men, well known, productive, filling high places, esteemed by their confreres, who take little or no interest in State or county society transactions. It is hard to forgive these men and yet they are often good physicians, good comrades and honest citizens—although, alas, indifferent.

This discouraging contemplation is fruitless. Let us rather be more alive to the fact that medical enthusiasm is contagious and we may, by sticking to it, successfully infect them,—these indifferent brothers. I appeal to you all,—make unceasing efforts to double our membership. * * * The more complete we make our organization, the more satisfactory will become the morals of the profession. Every man may be benefited by frank discussion of the problems springing from our relations to the public and to each other. * * *

We perfectly understand the peculiarly confidential nature of the relations that exist between patient and physician. The law concedes this and protects the principle. Above all things the patient must be able to trust the physician, and the physician cannot afford to weaken this confidence. We must not allow the element of commercialism to sneak in and break this relation, for it certainly is not to the interest of the patient and cannot increase the average professional income. The most that can be accomplished is to attract fees away from their legitimate course and to guide them to the pockets of those who are resorting to a variety of conspiracy. No objection can be raised to legitimate means of obtaining proper fees, but there is the greatest objection to a secret understanding between a specialist and a general practitioner whereby a patient is defrauded and where his vital interest is placed in jeopardy. For instance, where there arises a question of operation, the patient naturally looks to his family physician to save him, if possible, from the danger, pain, fright and expense of an operation. This faith should not be tampered with. The most fundamental principle of a physician's creed may be said to be: "I will keep faith with my patient." But often our patients do not keep faith with us. That, however, is another matter. Our natural heritage from honorable predecessors has given us a reputation for telling the truth so far as we know it, and sincerity forms the ground work of our ligitimate transactions. Can we afford to leave in the mind of the community the suspicion that for personal gain an attending physician may possibly enter into collusion with a specialist? * * *

Some physicians speak resentfully of the smallness of fees as though it were the outcome of a hard edict from a throne. Who makes our fees? Who educates the people as to the value of our services? No one but ourselves. If our fees are too small, we, and we only, are responsible. I can see no way to increase fees but to make them worth more. To paraphrase the words of Horace Greeley, the way to increase fees is to increase fees. In these days a professional opinion is worth nothing or it is worth more than a dollar. Perhaps an apothecary can afford to compete on price; the only legitimate competition for the physician is a competition on merit. The doctor should charge for the investigation, the time and the responsibility. When he charges for a prescription alone, it is rather beneath his dignity, and the layman fails to discriminate between the transaction and one with the grocer or butcher.

Unquestionably there are difficulties for us to surmount, as there always have been and as there always will be. Of this we should not complain. Prof. Royce points out that in the struggle between good and evil there dwells the element of growth and development. The road of the physician is likely to remain one fully beset with trials and unexpected obstructions, and for that reason we may predict for it a glorious future. The feeble and halting are not so likely to select medicine for a career, but the courageous and untiring worker will not hesitate to take the trail that shows the foot-prints of such splendid predecessors as have been ours.

A man will enter medicine not because it is easy, but because it is hard, and he will find the reward not in grasping his ideal, but in the joy of the struggle toward that ideal.

Therapeutic Notes.

Cholera—Simple Curative Treatment Of.

Dr. L. Rogers, in the British Medical Journal, states that the loss of fluid from the blood averages one-third in the mild cases to two-thirds in the most severe and fatal cases. There is also a great loss of the salts, in proportion to the severity of the case. This change accounts for the comparative failure of injections of normal salines in cholera, and furnishes an additional reason for the use of hypertonic solutions in order to replace the chlorides as well as the fluids lost. The result of this treatment during the past two years has reduced the mortality from 59 to 32 per cent. The hypertonic solution approximates in its composition Ringer's fluid, and is injected intravenously. Daily manometer observations have enabled the danger of uremia to be foreseen (patients whose blood pressure remained continuously below 95 mm. dying of uremia), and by using all means to raise the blood pressure to the necessary height the proportion of deaths from uremia has been reduced to one-half. The destruction of toxins in the bowels has been effected by taking advantage of the oxidizing property of potassium permangenate, administered either in solution or in a pill. The mortality, which had been reduced to nearly one-half by the hypertonic saline injections, has now been reduced by the addition of the permanegnate treatment to but little more than one-third of the old rate.

Diabetes Mellitus—Medical Treatment.

In the American Journal of the Medical Sciences, February, 1911, Dr. Forchheimer, of Cincinnati, for ordinary cases, favors arsenic, given as liquor potassii arsenitis, in ascending doses, until mild toxic effects are produced; then the dosage should be gradually reduced. In order to get the best results from arsenic, mild toxic effects must be produced. This drug is especially indicated in severe cases, but it should always be combined with diet. It may also be given for general indications, and it is very valuable in neurotic, debilitated subjects. This drug does not increase sugar tolerance, and its effects gradually disappear when it is discontinued; unlike opium, never during its administration. Furthermore, in all the patients Forchheimer has treated, repeated courses have not lost their effect on the glycosuria and diminution of acetone bodies. Hexamethylenamin is especially valuable in such patients in whom diet regulation is impossible. At present, Forchheimer has employed it for five years, and given it in 5-grain doses, three or four times a day, an amount which has been, in one instance, continually taken for four months without any bad effects. With hexamethylenamin, glycosuria is improved and tolerance is increased. He does not recommend it for severe cases without proper diet.

In so far as belladonna is concerned, Forchheimer's results were the same whether he gave atropin methylbromid, atropin sulphate or belladonna itself. In a large number of cases glycosuria, and with it acetone bodies, have diminished or disappeared and carbohydrate tolerance was increased. Indeed, some of the patients were not dieting when taking this remedy, but when it was discontinued the sugar did not reappear for some time. In several severe cases it did no good. It seems perfectly adapted to milder cases, so that in one instance, without diet, there has been absence of sugar for over a year. In one case of diabetes in a child the disease ran its usual course, notwithstanding a strict adherence to Rudisch's directions as to diet and atropin methylbromid.

Dietetic Treatment of Diabetes Mellitus.

As a means of finding the type to which an individual case belongs, Foster emphasizes the importance of a diet representing approximately 125 grains of protein and 100 grams of carbohydrate, and which is equivalent to 3,200 calories. The patient is restricted absolutely to this diet, for two days, the urine being collected during the second twenty-four hours, and estimations made for the quantity of glucose and the presence and approximate amounts of diacetic and beta-oxybutyric acids. The next step in the diet arrangement depends exclusively on this analysis. A number of illustrative cases are cited and recipes are given which for the most part were contributed by the families of patients.

Acute Epidemic Poliomyelitis.

Dr. C. E. Dakin, in the Iowa Medical Journal, November, 1910, discusses in detail the symptomatology, diagnosis and treatment of acute epidemic poliomyelitis, including abortive measures. There is no apparent reason, he says, why inflammation should not yield to local depletent measures here as well as elsewhere. This can be accomplished in several ways, the first and most obvious being by thorough catharsis. This is being done with calomel and castor oil. Castor oil is the most efficient agent, aided by enemas containing glycerin and turpentine. Local counter-irritation may have some effect on the congestion and in connection with hot or cold packs should not be neglected. Among the drugs which act to reduce the spinal circulation the most efficient is gelsemium, which should be given in small but frequent doses, until the effect is marked, and continued until the motor excitation is controlled; in severe cases it may even be given until the eyelids droop and sight is perceptibly affected. The fact that after the administration of hexamethylenamin it may be demonstrated in the spinal fluid has led to its use in this disease. The only patient in this series who received it died within a few hours after its first administration and there has been no opportunity since to test it, but on theoretical grounds it would seem to be valuable.

Rheumatism—Muscular; Treatment of.

Dr. Schmidt is convinced that the pain in muscular rheumatism is of the nature of neuralgia and he suggests treating it with the injections of physiologic salt solution at the painful points. Pritz has advocated this, and Schmidt's own experience has confirmed the great benefit liable to be derived from injection

of 5 or 10 c.c. directly into the muscle at the most painful points. This, he adds, is no etiologic treatment, for the seat of the trouble is certainly not in the muscle itself, but it relieves the pain and that is the main thing. In very old or especially violent acute cases he would not hesitate to do lumbar puncture, following with spinal anesthesia if necessary. Even the puncture alone has given great relief in some cases; in others the effect was only transient. He regards lumbar puncture as harmless under proper precautions, and thinks that a trial of it is justified in sever cases.—Kentucky Medical Journal.

The Treatment of Acute Pyelitis Due to Bacillus Coli in Infancy.

McDonald, writing in the Quarterly Journal of Medicine for April, 1910, states that the main indications are two. The first of these is to insure a copious discharge of urine, which is effected by giving fluids freely, by the mouth if possible, and if not, by the rectum (saline enemata). The other, which is the most important, is to render the urine alkaline on passing, and to keep it so for a time. This is done by administering citrate of potash or some other alkaline remedy.

The dose of the citrate which is required varies greatly in different cases. The smallest amount, the author states, that he has seen effectual, is 24 grains in one day. He usually begins with 48 to 60 grains, and increases to 120, 150, or even 180 grains in the twenty-four hours, if the urine remains acid. The time it takes to make the urine neutral or alkaline also varies according to the doses of the medicine given and the severity of the case. The state of the bowels may have something to do with this, because if the citrate sets up profuse diarrhea, its effect on the urinary reaction is, of course. weakened. Generally the urine becomes alkaline in four or five days; occasionally, in betwen one and three; and sometimes it takes six or seven days, but never more.

The best idea of the effect of the alkaline treatment on the cases can be obtained by looking at the temperature charts, because when the temperature falls the other symptoms always improve; and any recurrence of the other manifestations of the disease (such as increase of the pus, of the acidity of the urine, or of the general distress) is accompanied by a rise of temperature.

On studying the charts and records of other published cases as well as his own, certain generalizations seem justified:

1. When an alkali is not given, or is given in insufficient doses, the case may recover; but the course is apt to be very protracted. The risk of relapses and of extension of the disease to the kidney under these circumstances is probably considerable.

2. If the kidneys have become seriously affected by the time the treatment is begun, the alkali does not reduce the temperature, and neither it nor anything else seems to do any good.

3. When, in an uncomplicated case of acute pyelitis, an alkali has been given in sufficient amount to render the urine alkaline on passing, the temperature always falls to normal or nearly normal within a day or two at most. Along with this the general symptoms improve greatly, and the pus disappears from the urine, though a pure culture of bacillus coli may sometimes be got from it for weeks or even months after.

4. It is interesting to notice that, even if the alkali is pushed, there is generally a strong tendency for the urine to become acid again a few (3 to 7) days later, and with this, as already indicated, the temperature rises and the other symptoms return. In some cases this secondary rise of temperature is severe; in others it is slight. In others again, especially in those in which large doses of alkali have been given, it does not occur at all.

5. The author asserts he has never had any case of acute pyelitis in a young infant in which other organisms were found along with the bacillus coli. In cases of such mixed infection in older children, however, the use of citrate of potash in large doses has never seemed to do good, and usually has appeared to be positively harmful.

In addition to the free administration of fluids and the use of alkalies, it is advisable to keep the bowels open; and for this phosphate of soda is probably the best drug to use, because it tends to render the urine alkaline. An occasional dose of calomel is also beneficial.

Antiseptics of various kinds, especially salol and urotropin, have been often recommended in the treatment of pyelitis. When given apart from the alkaline treatment their action is unreliable and disappointing; and the symptoms tend to relapse repeatedly. Given in addition, the writer has several times thought that their use was followed by some improvement. Generally, however, in his experience, the improvement under citrate of potash, if it was given in sufficient doses, has been so steady and satisfactory that nothing else has been called for. For the same reason he has had practically no experience of bacteriotherapy in this disease. It has been tried by many observers with varying but often not very satisfactory results.—Therapeutic Gazette.

Cutaneous Eruptions—Colon Lavation In.

The benefit derived from lavage of the colon in certain cases of cutaneous eruptions suggested to Dr. Mantel that the skin disturbance should be more frequently associated with toxic absorption from the bowel than from the stomach, though doubtless the two absorptions are frequently associated. Mantle, in the London Lancet, July 30, claims frequently to have found, after some experimental douches in cases of eczema, usually with, but at other times without, constipation, a considerable amount of mucus, and treatment directed to this abnormality has resulted in the cure of the skin manifestation. He has, therefore, been led to connect the abnormal condition of the colon with the eczematous condition of the skin, and to consider the latter as due to a toxemia of intestinal origin. When there is no skin eruption following a definite type with this condition of colon, there is usually a muddy appearance of the skin noticeable, and sometimes, in addition to this, an eczematous or other eruption. In several cases of psoriasis when the symptoms and experimental douchings have pointed directly to an intestinal causation, the treatment already described has been brilliant in its results. In other cases with no particularly

well-marked colitis good results have often, though not invariably, attended washing out the colon. A number of cases of acne vulgaris and of acne rosacea, the latter being in association with acne vulgaris, have been treated on these lines. Intestinal lavation has been prescribed with success, but as in practically all these cases there is found a lack of proper attention to the scalp, this as well as the face must receive special attention.

With pruritus ani there is not infrequently a certain amount of eczema around the anus, and the rectal mucosa is often involved in the itching. In all cases in which eczema has existed, Mantle has found it to be the external and visible sign of a catarrhal condition of the mucous membrane of the colon, and internal douches of alkaline sulphur water, followed by immersion baths of the same water, have brought about such a marked change in the condition of the colon that the local skin lesions have soon cleared up.

The method adopted in carrying out this special treatment by lavage for mucous colitis, associated or not with skin eruptions, is as follows: An alkaline sulphur water is generally used both for the intestinal douche and for the immersion bath which follows it. The object of the internal douche is to wash away old fecal matter and mucus from the colon, and to give the mucous membrane an antiseptic dressing. This is done in the following way: A long rubber tube, after being sterilized by boiling, is passed into the sigmoid and is attached to a hydrostatic douche, when from 20 to 40 ounces of sulphur water at a temperature of 105 F. pass into the colon at a pressure of two feet, the patient lying first on the right side, then on the back, and lastly on the left side, during the operation. This is repeated, and the ejecta after each douche are carefully examined. A warm immersion bath of sulphur water follows the internal douche and when in this bath a hot douche at a higher temperature plays on the wall of the abdomen under water from a large nozzle with fine perforations, and is chiefly directed over the site of the colon.

Personal Notes.

Dr. Edward A. Ayres, Branchville, was elected a member of the local Board of Education last month.

Dr. Henry Allers, Harrison, has recently been appointed a member of the board of managers of the Soldiers' Home in Kearny. He has also been promoted to the position of chief surgeon of the National Guard of New Jersey, with the rank of lieutenant-colonel.

Dr. William J. Arlitz, Hoboken, returned last month from a two weeks' trip to Havana.

Dr. Elmer Barwis, Trenton, has been elected grand medical examiner of the Grand Lodge of the A. O. U. W.

Dr. William J. Chandler, South Orange, returned from a month's sojourn in Florida, March 18th.

Dr. Luther M. Halsey, Williamstown, has been spending a few weeks in Florida for the benefit of his health.

Dr. Gordon K. Dickinson, Jersey City, spoke at a dinner at the Reformed Church on the lack of co-operation of the towns in North Hudson.

Dr. Frank M. Donohue, New Brunswick, spent a few days last month with his family at Atlantic City.

Dr. James A. Exton, Arlington, has been appointed health physician of the borough of North Arlington.

Dr. Francis H. Glazebrook, Morristown, spoke at the New York Academy of Medicine, January 12, on the Speedwell Society method in the care and treatment of foundlings and neglected children.

Dr. Thomas N. Gray, East Orange, has an article in Archives of Pediatrics, 1910, XXVI., on Infant Feeding.

Dr. William I. Kelchner, Camden, has opened a private hospital at Wildwood, N. J.

Dr. J. D. Milton Miller, Atlantic City, discussed Dr. Martha Woolstein's paper on Influenzal Meningitis at joint meeting of the New York Academy of Medicine and Philadelphia Pediatric Society recently.

Dr. William B. McGlennon, East Newark, is a member of the local Board of Health.

Dr. Henry C. Pierson, Roselle, recommended that the borough schools be closed for two weeks recently on account of an epidemic of scarlet fever in the community.

Dr. Clarence A. Plume, Succasunna, and family have removed to German Valley, where he succeeds Dr. S. G. Lee in practice.

Dr. John Pringle, East Newark, was recently re-elected president of the local Board of Health.

Dr. Leon T. Salmon, Lambertville, who was quite ill last month, has recovered.

Dr. Patrick A. Shannon, New Brunswick, is enjoying a trip to Europe.

Dr. Martin J. Synnott, Montclair, and wife, spent a few days last month in Canada.

Dr. Joseph A. Stites, Springfield, was stricken with hemiplegia, right side, on March 21st, at his home, while sitting in his office. He is reported as improving.

Dr. John L. Taylor, Boonton, was elected a member of the local Board of Education last month.

Dr. Thomas W. Harvey, Orange, spoke at the eighth annual dinner of the Harvard Club recently.

Dr. Elias J. Marsh, Paterson, was recently elected president of the Harvard Club.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Alabama, January . . .	42	18	24
Illinois, July	145	117	28
Illinois, October	81	34	47
Indiana, January	17	16	1
N. Hampshire, January	8	5	3
North Dakota, January	8	7	1
Vermont, January	11	10	1
Virginia, December....	35	28	7

Book Reviews.

A TREATISE ON DISEASES OF THE NOSE, THROAT and EAR. By William Lincoln Ballenger, M. D., Professor of Laryngology, Rhinology and Otology in the College of Physicians and Surgeons, Chicago. New (third) edition, thoroughly revised. Octavo, 983 pages, with 506 engravings, mostly original, and 22 plates. Cloth, $5.50 net. Lea & Febiger, Philadelphia and New York. 1911.

This work is justly popular because its author keeps it thoroughly up to date. He has added to the previous edition his gleanings from 3,000 monographs, pamphlets and reprints thus presenting the latest literature of the civilized world on this subject. It is profusely illustrated with plates and drawings and will serve equally well the purposes of students, practitioners and specialists.

A Manual of Cystoscopy by J. Bentley Squier, M. D., professor of G-U Surgery, New York Post-Graduate Medical School and Hospital; and Henry G. Bugbee, M. D., Instructor in G-U Surgery, New York Post-Graduate Medical School and Hospital, with 26 original plates. Octavo, flexible leather, $3.00 net. Paul B. Hoeber, Medical Publisher, Bookseller and Importer, 69 East Fifty-ninth street, New York. 1911.

An excellent compend of instruction for one taking up the practice of cystoscopy.

Golden Rules of Diagnosis and Treatment of Diseases. By Henry A. Cables, B. S., M. D., Professor of Medicine and Surgery, Coll. P. & S., St. Louis. C. V. Mosby Co., St. Louis. 1911.

This work is a valuable epitome of aphorisms, observations and precepts on the method of examination and diagnosis of diseases, with practical rules for proper remedial procedure.

Modern Treatment: The Management of Disease with Medicinal and Non-Medicinal Remedies. By Eminent American and English Authorities. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia; Physician to the Jefferson Hospital; assisted by H. R. M. Landis, M. D., Medical Director to the Phipps Institute for Tuberculosis. In two handsome octavo volumes, 1,800 pages, numerous engravings and full page plates. Price per volume in cloth, $6.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1911.

Following close upon the issuance of the first volume this second volume completes the review of the whole field of present-day practical medicine. It is invaluable as a handbook of helpful information for daily use in the physician's office.

Principles of Therapeutics. By A. Mauquat, National Correspondent to the Academy de Medicine, Paris. Translated by M. Simbad Gabriel, M. D. 298 pages. D. Appleton & Co., New York and London.

We commend this book especially to young physicians for whom it was especially written and to whom it is dedicated. It will be found practical and, therefore, helpful. The author demonstrates that therapeutics may be, and should be, scientific, viz.: an enemy to fanciful theories, hypothetical and hazardous deductions and incomplete and superficial observations, and he shows what therapeutic actions are, distinguished from so-called physiological actions, which are often toxic. He combats physiological therapeutics which often lead to the accumulation of medicinal and morbid poisons in the same organism or the same organ.

Hygiene and Public Health. By George M. Price, M. D., author of "A Handbook on Sanitation," "Tenement-house Inspection," etc. Published by Lea & Febiger, Philadelphia and New York.

This is one of the small volumes, 255 pages, of The Medical Epitome Series, edited by V. C. Pedersen, M. D. It is concisely written, giving essential parts rather than attempting to cover the whole field of the science. It contains practical chapters on housing, school and industrial hygiene; public water supply; food supply; milk supply; disposal of waste matter; public nuisances; the prevention of infectious diseases; federal hygiene and sanitary inspection. It contains an immense amount of practical matter which every physician ought to know.

Personal Hygiene. A Manual on Proper Living Upon a Physiologic Basis, by prominent American authors, edited by Walter L. Pyle, M. D., Fellow of the American Academy of Medicine, etc. Fourth Edition, revised and enlarged. 472 pages. W. B. Saunders Company, Philadelphia and London.

This manual sets forth plainly and practically the best means of developing and maintaining physical and mental vigor. The fact that this is the fourth edition since May, 1900, shows that the work has been appreciated by the profession and the thorough revision and important additions to this edition make it still more valuable to the profession.

The Blues (Splanchnic Neurasthenia); Causes and Cure. By Albert Abrams, M. D., F. R. M. S., Consulting Physician Denver National Hospital for Consumption; the Mt. Zion and French Hospitals, San Francisco; formerly Professor of Pathology, Cooper Medical College, San Francisco, etc. Fourth Edition, revised, enlarged, illustrated. Pages, 295. Price $1.50. E. B. Treat & Co., New York, 1911.

That this work has been well received and found valuable is shown by the issue of the four editions within seven years. The writer has demonstrated his wisdom in naming this form of nerve exhaustion as splanchnic neurasthenia, showing the factors involved in its causation and the means to be employed in its amelioration and, in most cases, its cure. This new edition adds an important section of 20 pages on Augmenting the Tone of the Splanchnic Circulation. The volume is well illustrated. It has an excellent frontispiece illustrating the circulation of the blood and the effects of splanchnic congestion on the abdominal organs.

BOOKS RECEIVED.

Progressive Medicine. Vol. 1. March, 1911. A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D., Professor Therapeutics and Materia Medica, in the Jefferson Medical College, Philadelphia. Octavo 355 pages, with 18 engravings. Per annum, in paper, 4 vols., $6.00 net. Lea & Febiger, publishers, Philadelphia and New York.

Obituary.

CURRIE.—At Englewood, N. J., February 28, 1911, Colonel Daniel A. Currie, M. D., ex-Mayor of Englewood, suddenly, of acute pneumonia, aged 69 years.

Dr. David St. John, sends the following:

About three years ago Dr. Currie, who had until that time enjoyed excellent health, acknowledged, to his close friends, that he was not in his usual form physically and expressed a fear, which was shared by other medical friends, including eminent specialists, that he might have a malignant condition affecting the stomach. The symptoms pointing to this diagnosis later disappeared entirely; and for a time it was hoped he might fully recover. This temporary improvement was soon followed, however, by a paraplegia which indicated some lesion of the cord; this was also thought to be malignant in its pathology. The autopsy showed a tubercular condition of the spine involving the cord and one kidney, and an acute pneumonia of both lungs.

Dr. Currie was born at Scarsdale, Orange County, N. Y., October 10th, 1842. His parents were Thomas Currie and Nancy Lemon, who emigrated from Dumfrieshire, Scotland. His father was a weaver of sail cloth, but later took up farming and stock raising.

Dr. Currie was the youngest of a family of ten, and the only remaining member is a sister, Miss Jane Currie, who has lived with her brother during the last few years. He attended village school and the academy at Montgomery, N. Y. This was followed by private tuition; then he entered the University of Buffalo, and gained his medical diplomat with the class of 1863. For two years he practiced medicine at Bloomburgh, Sullivan County, and then sought further training at Edinburgh University, where he was a student under Sir. James Y. Simpson and Dr. James Syme, eminent specialists in medicine and surgery. During his two and a half years' stay at Edinburgh he gained experience at the Royal Infirmary, and was for six months resident physician at the Royal Hospital for sick children in Edinburgh.

At the close of 1867 he returned to America and located for several years at Middletown, N. Y. In 1872 he came to Englewood. He at once took an active interest in local affairs. He organized the local Board of Health and in many ways, both civic and professional, contributed to the betterment of the town's welfare. About twenty years ago, Dr. Currie was largely instrumental in organizing the Englewood Hospital, and did much to maintain the high standard of efficiency which it continues to enjoy. He was a director of the Palisades Trust Company; he was an ex-president and for many years secretary of the Bergen County Medical Society; also a member of the Medical Society of New Jersey.

He joined Company B, Second Battalion, in 1888, and became its captain. This command was the forerunner of Company F, Second Regiment, N. G. N. J., as reorganized in 1892. Dr. Currie became lieutenant-colonel in 1897, and in that office served as second in command of the Second Regiment, New Jersey National Guard Volunteers, during the enlistment in the Spanish-American War, when the regiment was stationed at Jacksonville, Florida. He was also appointed inspector of small arms practice, Second Division, Seventh Army Corps. The Englewood soldiers of that enlistment formed their Camp of Spanish War Veterans, and named it the D. A. Currie Command.

Dr. Currie resigned his position as lieutenant-colonel in 1904, and was appointed to the medical staff of the State Military Department, as surgeon-major, being assigned to the Fifth Regiment of Paterson, commanded by Colonel Hine.

Dr. Currie possessed a strong, forceful character, a quality which enlists the strongest friends, as well as engenders aggressive enemies. He was one of the prominent physicians of Northern New Jersey, and enjoyed the loyal support of many of the best people of his community. During the last two years of the doctor's life, he was fortunate in having associated with him in practice Dr. Walter Phillips, who had just completed a two years' service at St. Luke's Hospital, New York, under Dr. Robert Abbe. The skilful attention of Dr. Phillips was thoroughly appreciated by Dr. Currie, and contributed much to the latter's comfort during the last months of life.

CRAMER.—At Flemington, N. J., March 24, 1911, Dr. Isaac S. Cramer, aged 77 years.

Dr. Cramer was born at Changewater, and was the son of Peter Cramer. After receiving his early education in the public schools of upper Hunterdon and Warren counties, he began the study of medicine under Dr. John Blane, of Asbury, in 1850. Four years later he graduated from the College of Physicians and Surgeons of New York. In 1855, he began the practice of his profession at Sergeantsville and continued there until 1889, when he was elected surrogate of Hunterdon County.

He was a member and also treasurer of the Hunterdon County Medical Society; also a member of the Medical Society of New Jersey, and a member of Darcy Lodge, F. and A. M., of Flemington; Royal Arch Chapter and St. Elmo Commandery of Lambertville. He was married to Miss Margaret R. Ingham, of Warren County, February 14, 1855, and she survives him.

JENKINS.—In Trenton, N. J., March 19, 1911, Dr. Mozart Jenkins, aged 54 years.

Dr. Jenkins was the son of Dr. Joseph Jenkins, who practiced medicine several years at Andover, Mass. He graduated from the University of Vermont Medical College in 1884 and had practiced medicine many years in Trenton. He was a member of the Mercer County Medical Society and of the Medical Society of New Jersey. Dr. Jenkins leaves a widow.

NEER.—In Hackensack, N. J., January 27, 1911, Dr. Henry Crippen Neer, of Park Ridge.

The following obituary has been prepared by the Bergen County Medical Society:

By the death of Henry C. Neer, M. D., a vacancy was created of a nature hard to fill. Settling in Park Ridge, Bergen County, in 1865, as a young physician, he quickly won the confidence of a community largely agricultural. Increased population of a miscellaneous nature,

he result of railroad facilities through that de-irable section of the county, enlarged profes-ional opportunity and soon his well-earned eputation as an industrious, conscientious and ainstaking physician secured wide recognition, lling the measure of professional ambition.

Willing and ready to respond to calls for ser-ice far and near, there came a time when he robably gave to his patients more hours of the wenty-four—and in so doing traversed a wider erritory—than any other physician in Bergen County. He nevertheless found time for read-ng and study and kept well abreast with the dvance of medical and surgical knowledge.

His method, as told to the writer, was to ollate for a time from several medical journals nd text books all he could find of value bearing pon the diseases of some organ, such as heart r lungs, and having made a symposium thereof atisfactory to himself, he proceeded in a simi-ar manner over other fields of investigation. his plan, peculiar to himself, was perhaps an nportant factor in the successful pursuit of his rofession and if so is worthy of imitation.

Doctor Neer was an active member of the Bergen County Medical Society, participating n its work and sharing its honors. He also ound or made opportunity to break away from is list of patients long enough to spend one r more days at the annual meetings of the State Medical Society, regarding such occasions s in the line of vacation as well as uplift.

Aside, also, from his laborious professional elds of work he yet showed inclination and ound ways of becoming an important factor in dvancing the social, economic and religious in-erests of the community of which he was an onored member, and the difficulty of finding, t least his superior, in the various relations of fe is again repeated and emphasized.

The subject of this sketch was born in Scho-arie, Schoharie County, N. Y., November 10th, 838. He was educated in the public schools of is native town and in the New York Confer-nce Seminary. Studied medicine with his old-st brother, Dr. David Neer, of Paterson, N. J. He received his medical degree from the Berk-hire Mdical Institute in 1860, and settled in Park Ridge, N. J., in 1865.

He is survived by eight children, one son fol-owing his father's profession in Baltimore.

Hospitals and Sanatoria.

State Hospital, Morris Plains.

A fire which started at 7:45 o'clock, March 1st, in the Morris Plains State Hospital for the nsane was promptly discovered and exinguished efore much damage was done. The fire was tarted by one of the women patients, who is in ward in the rear of the main building. It is elieved that she threw a sheet from her bed ver the gas jet in her room and then set fire o the bed. Her clothing was nearly burned rom her body, although she was only slightly urned.

Dr. Evans said, for the benefit of relatives f the many inmates at the hospital, that a atastrophe had been averted, and added that he fire showed the striking need of electric ighting throughout the whole institution. "Un-ess electric lights are installed throughout the institution the entire hospital may some day get afire, which would be a great calamity," said Dr. Evans.

Essex County Hospital for the Insane.

One of the attendants in the hospital was dis-missed last month for striking a patient. The case had been referred to County Supervisor Schickhaus for investigation and he upheld Dr. Guy Payne, superintendent, in discharging the accused. Mr. Schickhaus declared that Dr. Davies told him he had seen Rose deliberately strike one of the patients.

From time to time, the physician said, patients in the hospital have complained to him and the other doctors that they have been struck by the attendants. While he was not inclined to believe this, Dr. Davies declared that he and the other physicians have been on a sharp lookout to try and find out if the stories told by the patients were true. The blow which Rose struck, Dr. Davies said, was a severe one and might have caused the death of a weak patient suffering from heart disease.

Hospital at Wildwood.

Dr. William I. Kelchner, of Camden, on March 4, opened, at his own expense, the first hospital south of Bridgeton and Vineland. It is located on the second and third floors of the Professional Building, 3409 Pacific avenue, Wild-wood. Dr. Kelchner equipped the institution with the most modern surgical and electrical appliances, the best of beds and other furnish-ings. He spent a total of nearly $5,000 in fit-ting up the place, which will be known as Dr. Kelchner's Emergency Hospital. The hospital has both public and private wards, private baths, kitchens, a pharmacy, operating rooms, recep-tion rooms, offices and all the other departments of an up-to-date institution.

Tuberculosis Hospital.

The Union County Board of Freeholders has decided to issue $50,000 worth of bonds to pay for the new tuberculosis hospital which will be located in New Providence Township, near Scotch Plains. The hospital and its grounds will cover eighty acres. The latter cost $13,000. Bids for the erection of structure will not be advertised for until the bonds are sold.

State Village of Epileptics.

The New Jersey State Village of Epileptics at Skillman, Somerset County, has had its new building named in honor of State Auditor Will-iam E. Drake, who used to be one of the trustees for the village before he became State auditor.

Glen Gardner Sanatorium.

The ninth annual report of the New Jersey Sanatorium for Tuberculous Diseases has re-cently been issued and from it we cull the fol-lowing items:

From the Managers' report to the Governor:

During the year ending October 31, 1910, 287 patients were received for a period longer than one month, of whom 80 were apparently cured; 112, disease was arrested; 65 were improved; 29 were not improved; 1 died, which shows that

192 patients left the institution self-sustaining. Seven thousand five hundred dollars appropriated by the Legislature had been partially expended for an artesian well, $20,000 for an improved road to the sanatorium.

From Superintendent Dr. S. B. English's report:

November 1, 1909, there were 127 patients in the sanatorium; during the year 1,030 applicants were examined for admission, of which 471 were accepted, 252 deferred, 58 being later accepted, and 307 were rejected. Of these 372 entered, 89 paid $5 weekly, while the entire cost of the remainder was paid by the State.

During the year 358 patients were discharged —190 males, 168 females. Sixty-seven left after a stay of less than a month and are not considered in the final results. The greatest number of patients at any one time was 144, the least 110. Average daily number was 131.8, while the normal capacity was but 122. Average stay was 5.1 months; average age of all patients, 26 years; average gain in weight per patient was 12.3 pounds—maximum 43 of males, 36 of females.

Number whose expectoration contained bacilli when admitted 184, when discharged 144; number containing no bacilli 164; number having hemorrhage during residence or previously, 71; number gaining in weight, 291; number losing weight, 33; average loss, 4.3.

The report contains considerable important statistical matter from which we learn as to ages of patients: 31 under 15 years; 62 from 15 to 19; 152 from 20 to 29; 87 from 30 to 39, and 40 over 40 years. Physical condition on admission: Incipient, 140; moderately advanced, 199; advanced, 30; non-tubercular, 3. Presumable duration of active disease prior to admission: 1 to 3 months, 28; 3 to 6 months, 86; 6 to 12 months, 114; 12 to 24 months, 45; 24 to 36 months, 10; over 36 months, 3; average duration, 10 months. From the financial statement it appears that the average weekly cost per patient was $10.04, deducting board received from pay patients the weekly net cost to the State per patient was $9.15.

We append for our readers' information the item under "How to Gain Admission:"

"Applicants are examined on Wednesday mornings of each week at 10 o'clock, at the Newark City Dispensary, Newark, N. J. On alternate Tuesdays at 1 P. M., at St. Francis Hospital, Trenton; and on presentation at the office of Dr. P. H. Markley, 515 Cooper street, Camden, N. J."

Report of Loomis Sanatorium.

The 1910 report of Loomis Sanatorium, Liberty, N. Y., for the treatment of tuberculosis, shows that 416 patients were admitted during the year and 411 discharged. The physician in chief, in summing up the work of the year, emphasizes the fact, to which attention was called in the report for 1909, of the undoubted relation between the length of stay in the sanatorium and the result of treatment, at least so far as the class of "apparent cures" is concerned. Thus, in 1907, with an average stay in the institution of 31.44 weeks there were 18.80 per cent. of apparent cures; in 1908, with an average stay of 43.09 weeks, the apparent cures were 21.52 per cent.; in 1909, with an average stay of thirty weeks, the apparent cures were 15.61 per cent while in 1910 the average stay was 26.62 weel and the apparent cures amounted to but 12. per cent. This relation is also borne out in th class of incipient cases. In 1908, for instanc 72 per cent. of incipient cases were discharge as apparently cured, after an average residen of 25.83 weeks; in 1909, but 43.75 per cent. aft a stay of 19.62 weeks, and about 50 per cent. i 1910 after an average residence of 19.66 week It is found that this applies not only to th immediate results, but has a bearing on th ultimate results after the patient leaves the san torium. Forty-nine patients received tuberculi treatment in addition to the other measure thirty-three of these for a period exceedin ninety days. One died. All the rest were im proved, arrested or apparently cured. Fo lowing out the plan conceived and mentioned i the report for 1909, a more scientific method c feeding the patients has been followed durin the past year. Careful weighing of the foo and computation of the chemical constituent and more extended experience have permitte the division of the patients into three classe with regard to their diet, with the result c securing a diet more nearly adapted to the in dividual requirements, with consequent greate benefit to the patients. The report still fur ther confirms the conclusion that the sanator ium treatment of tuberculosis presents great ad vantages over any other plan.

Sanatorium Expenses Reduced.

Fifteen employees of the Hudson County Tubercular Commission, whose offices rang from warden of the Tuberculosis Sanatorium t assistant laundryman, have been discharged an the salaries of others have been cut. The sal ary of Dr. B. S. Pollock, medical director of th sanatorium, was reduced from $3,500 to $2,500 and $200 was lopped off the salary of Miss G Knettles, the superintendent of nurses. Eleve thousand seven hundred thirty-six dollars wil be saved to the county each year by th changes. Dr. G. K. Dickinson, Jersey City, i chairman of the Commission.

Public Health Items.

Medical Inspection at Haddonfield.

Dr. W. B. Jennings, medical inspector, reported that the examinations showed that abou one hundred and thirty suffer from defective vision and that about seventy-five suffer from some form of nose or throat trouble. In every case of defective vision or nasal obstruction a notice was sent to the parent or guardian t that effect, requesting them to consult thei physician or a specialist. It was noted that a fair number who had such notices last year hac had medical attention showing good results. He referred to a recent epidemic of measles when about fifty of our pupils were stricken with the disease. But owing to the fact that measles are extremely contagious, often considered a trivial affection and not quarantined by the Board o Health, makes it very difficult or even impossible to control. Two cases of scarlet fever and two cases of diphtheria were reported, also a few cases of whooping cough and chicken-pox.

To Lessen Infant Mortality.

A milk depot, a baby clinic and a dental clinic be established by the municipal government of Plainfield were advocated at the hild Welfare massmeeting there March 20, hen Dr. Henry L. Coit, of Newark; Hugh F. ox, of Plainfield, and John Collier, of New ork, addressed a large audience.

Dr. Coit spoke at length on infant mortality, eclaring that malnutrition causes more deaths ian anything else and that fifty per cent. of ie blindness might be prevented by proper nitary methods applied immediately after bith. (referred to the benefits of a milk depot.

Scarlet Fever Epidemics.

Little Falls is experiencing an epidemic of carlet fever. The schools have been closed nd social gatherings called off until there is n abatement. Thirty cases were treated by hysicians during the third week in March. Iost of them are very light. Just how the epiemic started the health officers have not been ble to learn positively. It is their belief, howver, that the first patient was exposed while atending the Montclair High School. For two nonths nearly there has been a great deal of his disease in the northern part of the State nd Montclair has been having its share of ases. Singac had six cases and the Great Notch section five.

Hospitals Increase Local Death Rates.

A bill was introduced in the Senate last month y Senator Osborne, which provides that leaths occurring in hospitals for contagious liseases be charged against the municipality in which the victim lived, instead of against the nunicipality in which the institutions are lo-cated, as at present. The bill was drafted by ormer Township Counsel Andrew L. Boylan, of Belleville, chairman of the legal committee of the trade body.

The measure is aimed at the Essex County Isolation Hospital and the Essex County Tuberculosis Hospital, both of which are in Belleville. The deaths at the Isolation Hospital have kept Belleville's mortality rate high. The tuberculosis hospital has not been opened yet.

It is said that forty-eight per cent. of the deaths charged against the township last year occurred at the Isolation Hospital. Sixty per cent. of last month's deaths in the township, it is also said, were at the institution.

Fighting the Mosquito.

Optimistic reports looking to a lean year for mosquitoes in this vicinity were made last night to the North Jersey Mosquito Extermination Association, in session at the rooms of the local Board of Health.

Representatives were present from this city, Elizabeth, East Orange, South Orange, Glen Ridge, Belleville, Nutley, Arlington, Jersey City, Hackensack, Millburn, Summit and Madison.

Dr. John B. Smith, who, as State entomologist, inaugurated the systematic warfare against the mosquito several years ago, and who has been an indefatigable leader in the movement ever since, regardless of many discouraging circumstances, was present and displayed as much enthusiasm over the hopefulness of the crusade of extermination as of yore.

John W. Dobbins, chief of the recently created local bureau of mosquito inspection, presided. A report was made as to the work now being done, practically in co-operation by the State, under the direction of State Inspector Herman H. Brehme, and the city Board of Health, under Mr. Dobbins's supervision, on the Newark and Elizabeth meadows.

The inspection made of the salt marshes yesterday afternoon by representatives of the boards of health, under the guidance of Dr. Smith, disclosed good conditions existing there in consequence of the systematic work that has been done to restore the old mosquito ditches and dig new ones for the purpose of draining off the areas of salt marshes that have been prolific sources of breeding in the past.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, February, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending February 10, 1911, was 3,923. By age periods there were 632 deaths among infants under one year, 263 deaths of children over one year and under five years, and 1,391 deaths of persons aged sixty years and over.

Pneumonia caused 542 deaths, an increase of 156 over the previous month. other diseases of the respiratory system show the usual seasonal increase. Tuberculosis of the lungs caused 94 more deaths than the previous month.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending February 10, 1911, compared with the average for the previous twelve months. The average is given in each case in parentheses:

Typhoid fever, 31 (33); measles, 36 (15); scarlet fever, 26 (19); whooping cough, 23 (32); diphtheria, 76 (61); malarial fever, 2 (2); tuberculosis of lungs, 386 (320); tuberculosis of other organs, 37 (55); cancer, 188 (152); diseases of nervous system, 448 (359); diseases of circulatory system, 453 (371); diseases of respiratory system (pneumonia and tuberculosis excepted), 420 (240); pneumonia, 542 (262); infantile diarrhœa, 67 (243); diseases of digestive system (infantile diarrhœa excepted), 182 (195); Bright's disease, 291 (223); suicide, 33 (34); all other diseases or causes of death, 682 (649); total, 3,923 (3,265).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

Specimens examined from suspected cases of diphtheria, 378; tuberculosis, 446; typhoid fever, 180; malaria, 9; miscellaneous specimens, 43; total, 1,065.

Laboratory of Hygiene – Division of Food and Drugs.

During the month ending February 28, 1911, 379 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

All samples of cocoa, spices, olive oil, borax and cream of tartar were found above standard. Below the standard were 14 of the 173 specimens of milk; 17 of the 22 of butter; all 6 of oleomargarine; the 1 of chopped meat; 2 of the 3 of sausage; 4 of the 45 of cider vinegar, and the 1 of tincture of opium. Twenty-six suits have been instituted against parties for those below the standard—8 of milk, 15 of butter, 2 of vinegar and 1 of tincture of opium.

Division of Creameries and Dairies.

DAIRIES.

During the month, 210 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent. of the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	6	4	2
Burlington	31	18	13
Essex	6	4	2
Middlesex	30	22	8
Morris	18	6	12
Passaic	17	7	10
Somerset	64	44	20
Union	5	5	0
Warren	33	21	12
Totals	210	131	79

Number of dairies, first inspection..... 190
Number of dairies, reinspection..... 20
Number of letters sent to dairymen..... 98

Inspections were made at the request of the following local boards of health: Burlington, Kearny, New Brunswick, Paterson, Perth Amboy, Roselle, South Orange and Woodbridge Township.

CREAMERIES.

During the month 29 creamery inspections were made, as follows: Asbury Park, Bridgeville, Franklin Park, Hopewell 3, Newark 4, New Brunswick 2, North Haledon, Paterson 10, Roseland, Somerville, Trenton 2, Wayne Township 2.

Number of creamery licenses recommended, 5.

Number of letters sent to creamery operators, 41.

During the month ending February 28, 1911, 68 inspections were made in 45 cities and towns.

The following articles were inspected during the month, but no samples were taken:

Milk, 509; butter, 689; foods, 867; drugs, 375.

Other inspections were made as follows:

Milk wagons, 217; drug stores, 11; meat markes, 16; milk depots, 44; milk cans, 400; slaughter-houses, 19; grocery stores, 303; cold storage plants, 4; bottling establishments, 4; confectionery stores, 4.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 124. Public water supplies, 78; dairy supplies, 1; private wells, 15; sewage samples, 16; State institution supplies, 14.

INSPECTIONS.

Public water supplies inspected at Madison, Chatham, Morristown, Mendham, Bartley, Essex Fells, Dover, Wharton, Hibernia, Netcong, Stanhope, Hackettstown, Washington, Phillipsburg, Spring Lake, Belmar, Ocean Grove, Asbury Park, Deal, Allenhurst, Long Branch, Red Bank, Rumson, Matawan, Keyport, Highlands, Atlantic Highlands, Perth Amboy, Laure Springs, Blackwood, Greenloch, Gibbsboro Mullica Hill, Williamstown, Woodbine, Se Isle City, Avalon, Stone Harbor, Anglesea Wildwood, Cape May, Camden, Stockton, Had donfield 2, Merchantville, Columbus, Cranbury Hightstown, Helmetta, Princeton, New Bruns wick, Rahway, Metuchen.

Sewage disposal plants and systems inspected at Newton 2, Overbrook, Millville, Flemington Freehold, Collingswood, Morristown, New Lis bon 2, Merchantville, Pemberton, Ridgewood Morris Plains.

Special inspections at Asbury Park, Clinton Lincoln, Roebling, Moorestown.

State institution water supplies inspected a State Hospital, Trenton and Morris Plains State Prison, Normal School, Trenton; Epileptic Village, Skillman; School for Deaf, Trenton School for Colored Youths, Bordentown; Soldiers' and Sailors' Home, Kearny; Soldiers Home, Vineland; School for Feeble-minded Children, Vineland; Home for Feeble-minded Women, Vineland; State Reformatory, Rahway.

Stream inspection on Whippany, Raritan, Hackensack, Shark and Delaware Rivers, Rancocas Creek.

Pollutions reported..... 117
Ten-day notices to cease pollution issued.. 73
Persons summoned before the board..... 24
Reinspections made 36
Abatements reported 8
Plans for sewage disposal plants and systems approved 4

Organization for Health Officers.

Preliminary steps looking to the organization of the health officers of the State were taken at a conference yesterday afternoon at the Newark Automobile Club. Attending the conference were the health officers from eight municipalities, and besides effecting temporary organization it was decided to petition the State Board of Health to have the annual conferences between that body and the licensed health officials throughout the State resumed.

Health Officer Chester H. Wells, of Montclair, was elected temporary chairman, and Health Officer J. Scott MacNutt, of Orange, was appointed temporary secretary. Other health officers present were: Dr. J. A. Browne, of Paterson; Dr. Joseph C. Saile, of Bloomfield; B. H. Obert, of Asbury Park; R. M. Hoyt, of Summit; Dr. Nelson Elliott, of Passaic, and John O'Brien, of Plainfield.

In the resolutions adopted it was pointed out that since 1907 the annual conferences with the State health authorities have been omitted. Since that year the conference has been merged each year with the annual meeting of the New Jersey Sanitary Association, held at Lakewood. This arrangement has proved expensive to some officials, and it is further pointed out that problems of immediate importance could be discussed better in conferences limited to the State authorities and health officials of the different municipalities.

Copies of the resolution will be sent to the boards of health of all municipalities having a population of 5,000 or over. When a sufficient number of indorsements have been secured the matter will be submitted to the State board.

Another meeting will be held in April, to which the executive health officers in all parts of the State will be invited.

The Creed Our Life is Saying.

A man may believe that he is a philanthropist because he gives large sums of money to further good in various forms. But if, day in and out, he grinds from employees work for which he gives no honest equivalent in money, he is not a philanthropist no matter what his public profession may be. His daily life shows his real creed.

Many of us are self deceived in this matter. We believe our creed to be the beautiful sentiments we recite in church, or the lessons we preach in Sunday-school; while all the time our real creed is the life we are living, hour by hour and day by day. Is it not time, then, that we pay more attention to this creed of our lives and less to the creed of our lips? And especially in this Lenten season when many are given to more than usual meditation, would it not be well to see just what is the creed we are really professing? * * *

Since, then, it is our lives and not our lips that profess our creed, what creed is ours? We may not perhaps give the world a great creed, like Tolstoy, to be an inspiration to millions. But we can stand for some creed that is worth while. Ours may be a creed of sunniness and happiness rooted in a belief of the ultimate good. It may be a creed of lending a hand, doing the little thing or saying the little thing that helps. It may be the creed that sees the divine spark of good in every human being, and fans that spark into brighter life. Ours may not be a great, world-wakening creed. But it can be a helpful creed. And since we cannot escape the fact that it is our life that is our creed it may be time for some of us to face about and see what is the creed our life is saying. For, after all, this is the real profession.—Barbara Boyd, in Camden Courier.

What Imagination Will Do.

Dr. Charles K. Mills, the nerve specialist of Philadelphia, told at a dinner an amusing story of the influence of the imagination on the health, says the Cincinnati Enquirer.

"A young bank clerk," he said, "feeling fagged from the excessive heat of a trying summer, consulted a physician. The physician questioned him, sounded his lungs and then said gravely: 'I will write you to-morrow.'

"The next day, the bank clerk received a letter from the medical man telling him that his right lung was gone and his heart seriously deranged, and advising him to lose no time in putting his affairs in order.

"'Of course,' the doctor wrote, 'you may live for weeks, but you would do well to leave nothing of importance unsettled.'

"Naturally, the young bank clerk was very much depressed by this sad letter, nothing less than a death warrant. He did not, of course, go to work that morning, and before noon he was having trouble with his respiration, while severe pains shot through his heart. He did not get up all day, and on toward midnight he had a sinking spell that caused his people to send post haste for the doctor.

"The doctor, on his arrival, was astounded. "'Why,' he cried, 'there were no symptoms of this sort yesterday! What on earth have you been doing to yourself?'

"The patient's face screwed up with pain, he pressed his hand to his breast and said feebly: 'It's the heart, I suppose, doctor.'

"'The heart?' said the doctor. 'There was nothing yesterday the matter with your heart.'

"'My lungs, then,' the patient groaned.

"'What ails you?' the doctor shouted. 'You don't seem to have been drinking.'

"'Your letter, doctor—you told me I had only a few weeks to live.'

"'Nonsense! Are you crazy? I told you to take a month's vacation at the seashore, and you'd be as good as new again.'

"The patient drew the fateful letter from a drawer beside the bed.

"'Well,' said the doctor, glancing at it, 'this is a pretty mess. This letter was intended for another man. My secretary mixed up the envelopes.'

"The patient laughed. He sat up in bed. His recovery was rapid. That night, in fact, he was well again.

"And what"—ended Dr. Mills—"what of the dying consumptive who got this young man's letter? The consumptive, delighted with the prediction that a month at the seashore would make a sound man of him, packed his trunk and took the first train for New England. That was ten years ago, and to-day he is in fair health."

Doctor's Charges—Extras Not Needed.

When the physician arrived at the designated house he found that his patient was a decrepit negro, who sat up in bed and inquired:

"How much yo' charge, doctah?"

"Two dollars a visit, which includes my time, experience, advice and the medicine."

"A poor old coon like me don't need all dem extras; just gib me ten cents' wo'th o' yo' cough med'cine, and dat's enough fo' me."—Judge's Library.

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THE FINISHED OPERATION WITH RESPECT TO THOSE DONE BELOW THE WAIST LINE AND WITHIN THE ABDOMINAL CAVITY OR ITS OUTLETS.*

By Swithin Chandler, M. D., Philadelphia, Pa.

Associate Gynecologist, Garretson Hospital; Gynecologist, Charity Hospital, Philadelphia, Pa.

Several years ago it was a temptation to write a paper on the above subject, but the desire to be assured of the correctness of the position before doing so prevented the attempt. I am not now sure that all medical men will be pleased at the results. However, we have by acquiescence agreed to do all in our power for humanity and if, in doing it, we have to scold our own family it is better so than that some enemy perform that function with less gentle hands, with a great deal of selfishness and with no thought of altruism.

It does appear wonderful to quickly remove an appendix through an inch incision within a record time. The operator may thrill the spectators to apparently touch a spring, have a vermiform jump out, and in a moment have the assassin, as Dr. Joseph Price calls it, passed around on a plate for inspection. But what of the patient? Well, that is my side to-day and it is for the future health of the patient and the future peace of mind of the medical man whose patient the case is that I speak. Let us, then, consider some of these operations and proceed to discuss them.

Since we have mentioned the appendix, permit us to start with it. What is the usual operative method in removing the appendix? It is to make an incision in the abdomen, find and hold up the appendix through the incision and oftimes with it much gut, tie and cut off the meso-appendix, cut and tie the severed appendix, then allow it to fall back into the abdomen. The patient may make a prompt recovery from the operation (God save the mark!), but a low grade of infection which the system is compelled to overcome, adhesions which tear and pain the patient, which wear and harrass the medical man, is the sequelæ. Yes, the operation was all right, nevertheless this sickness afterward, which in a percentage of cases continues, is due to its imperfection. It would take about five minutes more to make a finished operation. What is meant by this is to cut the appendix flush with the cæcum, whip this opening together by double layers of sutures and then unite this and the severed meso-appendix together. It is impossible for adhesions to form and one is sure that no stump remains to infect the peritoneum, intestines nor to form adhesive bands.

Again, we may take the operation for floating kidney. It is mostly anchored without taking into consideration its normal attachments or position. It normally lies behind the false ribs, protected by them, and is held in position by the nephro-cæcal ligament, which ligament I had the pleasure to be the first to describe and call to the attention of the medical profession. In the ordinary operation the kidney is usually attached to the lumbar muscle below the ribs. The ureter and vessels of the kidney remain in a false and strained position. In the majority of these cases fortunately the kidney breaks away and leaves the patient in an easier condition. In every operation of this kind the kidney should be fastened between the tenth and twelfth ribs and prop-

*Read before the Gloucester County Medical Society, March 16, 1911.

erly sutured to the broken-away cæcum. When the kidney is thus properly anchored the constipation that follows the imperfect and incomplete operation, the pain and distressful micturition and the weakness due to the false kidney position will be avoided.

The tubes and ovaries are attacked with a regularity and with a degree of the spectacular that is appalling. A conservative operation is almost a thing of the past and when performed is not undertaken with a view of a finished production. I can still see a certain operator plunge his hand into a pus tube as a small boy in all his glee plunges his hand into his pocket. As the operator withdrew his hand, with it came the tube, the pus oozing between the fingers the same as would the soft matter in a cream puff. Rapidly the tube was cut, tied and the stump allowed to drop into the cavity. It is needless to comment upon this procedure, yet it was performed with such dexterity, in such a theatrical manner, that the onlookers forgot the poor patient and the unfortunate medical man, not to mention the sufferings of both. It would have taken about ten minutes more to have carefully dissected out the pus tube and skillfully covered the stumps with peritoneum. This would have allowed the patient and her physician to reap the harvest due them, one for the trying ordeal of the operation and the other because his skill made the operation possible. I have lately seen a woman lose her life from adhesions from such a case. I have yet to hear it officially announced that the patient who was so successfully operated upon some few months ago has just died from obstruction to the bowels due to adhesions of bowels or bands of adhesions. I do not mean to imply that all adhesions following operations can be avoided, but I do declare and state that if the finished operation were performed adhesions would be mighty scarce.

There is another side of the case of the conservative operation upon the tube and ovaries and that does not conserve. That is to operate through the vagina. I believe Prior was the greatest operator in this line, yet he realized the limitations of the procedure. On the contrary, others less skillful than he are not so wise. I cannot agree that pulling, straining and crushing the tubes, ovaries or ligaments are harmless. For instance, an operation was started with a diagnosis of pus tubes. The classic incision was made in the vagina posterior to the cervix. Through this incision a normal tube and small cystic ovary were drawn by means of a series of clamps. Through the same incision by the same clamps a normal tube and ovary were drawn. These crushed and injured organs were returned; then the diseased ovary was clamped, cut, and, with the clamp dragging upon it, pushed into the pelvis. Gauze packing was inserted and the patient was carried from the operating room. This is not what is meant by conservative operation upon the tubes and ovaries. On the contrary, it exemplifies the title of the paper plus unfortunate surgery.

Discussing the tubes naturally leads us to a cause of such operations upon them, namely, dilatation and curettement. That is to state that many times dilatation and curettement are the factors that produce at least a fertile soil, if not actually start by injury to the uterus, the first cause of a diseased adnexa. Yet how many men do a dilatation and curettement, as it is called; men who will tell you that they know nothing of the pelvic diagnosis, who will not hesitate to dilate the cervix and scrape away at the uterine walls upon the slightest occasion. Upon quite a large number of cases of pelvic disorder the history of the case will be that the patient had no trouble except some pain at menstruation and a slight discharge until she was scraped and dilated. One can see the danger of this procedure if he but thinks a moment; danger in doing the operation and danger of leaving work undone. Twice have I seen a uterus operated upon in this manner when a carcinoma was overlooked. Quite a few cases of ovarian tumors, some abscesses and a number of displaced uteri, all have fallen under the ax of inexperience. Nor is this all. In some of the cases there is left a tear in the cervix that is a menace to the surrounding parts. The cervix should be dilated in a slow manner, and if by parallel dilators, in a rotary manner. I have seen ten punctures of the uterine walls after a dilatation and curettement, some having very serious results. Permit me to remark also that a douching curette is dangerous and its use is to be condemned. The solution is forced through the tubes and carries any matter with it, such matter to be dealt with in the pelvic cavity, and according to its character the result will be as the system may manage it. The fault, in my judgment, lies with the teachers in our institutions, not necessarily with the professors but in the teaching force who slightingly speak of dilatation and curettement and plastic work, as readily performed, insinu-

ating that it may be performed without much experience. On the contrary, it should be undertaken only by an experienced operator, diagnostitian or in the presence of such a one and upon his advice based upon his examination.

There is, as just intimated above, a feeling that plastic work upon the pelvic outlet is a minor matter. Dr. Howard A. Kelly has stated that it is a neglected subject because of this opinion. We have the operations of Martin, Hagar, Emmet, etc., upon the outlet for repair of tears due to childbirth. All these operations and the same with most others are but makeshift, temporary and useless procedures. They rarely hold over a few months, but because of their supposed insignificance are rarely noticed. The operation which appears the best to me, probably because I devised it, is to remove all the torn tissue with its scar and abnormal glands, making an entire new posterior floor. This has been repeatedly described, therefore it is omitted in this paper.

Before concluding this subject allow me to voice my feeling concerning the curette in septic cases. This feeling is that the only instrument in the shape of a curette that is permissible is the finger. Time and again after a curette is used in septic cases the patient became worse. After this the case is douched and the uterus irrigated. In the first place, if the finger were used, one could ascertain that the walls were perfectly clean. In the second place, knowing that the uterine cavity was free of secundines, no further meddling with the uterus would be judged advisable and one would realize that the fever was due to other causes, probably to the germ in the blood. Then proper treatment for the trouble should be instituted. Therefore, new open surfaces or ether administered to further distress the case and increase the danger to the life that is struggling to recover, would not be the history. There is one other suggestion that I would like to make. That is that every woman should undergo an examination at or before the age of thirty-eight and be re-examined every three months or so. If this were done a thorough and complete operation could be performed if a growth were discovered. All parametric tissue and glands could be removed, which it is impossible to do in advanced cases, especially of carcinoma. Case after case was reported and it is no exaggeration to state that 25 per cent. of all cases of carcinoma uteri come to the surgeon too late to be successfully operated, and 50 per cent. are operated upon in an incomplete manner.

Thus the patient has only a short relief and surgery has been a poor weapon in human suffering. I cannot make this too strong. Paper after paper has been written, read, discussion followed discussion, advice followed advice, and yet nothing has been done. I appeal to this society to take the first step and declare for an examination of all women at the age of thirty-eight. Nay, make it broader and advance the only logical position, that is to place yourselves on record as favoring that all people undergo an examination at that age, prefacing this statement with the reason for its advancement. I am sure if this is done others will take up the cry and humanity will be indeed benefited, many cases of intense suffering and distress avoided. Last and foremost, physicians will be doing their duty, society will reap the reward, charlatanism will die out and the medical man will take the place for which he was intended—a real protector of humanity.

2010 Chestnut street.

VASO-REPAIR.*

By Samuel A. Cosgrove, M. D.,
Jersey City, N. J.

It is by no means easy to present before so distinguished an audience as is present this evening, a subject with which you are doubtless more familiar than the writer. And, indeed, I shall not presume to submit any complete analytical treatise for your edification, but, as it is to the business man's interest to periodically take account of stock, it is also helpful for us occasionally to take a bird's-eye survey of the resources which our science has attained. So perhaps you will bear with the present endeavor to sketch for you one of the most fascinating of such surveys.

Our subject comprises a consideration of the surgical means employed to restore to normal function such parts of the blood-vascular system as may be injured by violence or disease. Such injuries may be various, to wit: contusions, penetrating and lacerating wounds, and inflammations of arteries, veins, pericardium and myocardium; aneurysms; ruptures and degenera-

*Read before the Practitioners' Club of Jersey City, November 8, 1910, and before the Tri-Professional Society of New York City, November 15, 1910.

tions of arteries; varicosities of veins in various locations. Not all of these conditions are, however, amenable to surgical treatment, still fewer to true reparative treatment.

Of course, since the beginning, man has had, perforce, to cope with, and to find means for controlling, the lethal effects of vascular injuries, particularly hemorrhage. To accomplish this, the ancients employed pressure, styptics, searing agents, such as boiling oil and pitch, and the actual cautery.

Although the use of the ligature is very ancient, being described by Celsus in the first century, A. D., and by several others of the old writers, it was not until Ambroise Pare, in 1561, placed a ligature on a bleeding vessel that surgery advanced beyond the pitch-pot and the hot iron. Pare himself was much impressed with the importance of his "discovery," regarding it as an inspiration "by special favor of the Sacred Deity," but surgeons in general were slow in accepting it; Sharp, in 1761, more than two hundred years later, wrote "it was not as yet universally practised among surgeons residing in the more distant counties (of England)." But finally surgeons did avail themselves of this important aid, and, as the result of vast experience through the years, the minutiæ of the technic of the ligature were elaborately worked out, culminating in the "Golden Rules" for the ligation of arteries formulated by Guthrie nearly a century ago and summarized in Roberts' "Text-book of Surgery," 1890.

Likewise, the operative treatment of aneurysm is an ancient procedure, one type of which is still known as the "operation of Antyllus," a surgeon of the fourth century, A. D. But in its history, also, there is a long blank until Anel, in 1710, placed a ligature closely proximal to the sac of an aneurysm of the brachial artery. Finally, the genius of John Hunter, in 1785, evolved the technic of the Hunterian operation, "until quite recently the preferred method of treating aneurysms;" and so important was this development that the greatest plumes in the bonnets of the master-surgeons of the first half of the nineteenth century were the bold operations of ligating the great vessels for aneurysm.

The Pericardium had been opened as early as 1648 by Riolan and again in 1798, and, finally, successfully, by Romero in 1819, but in this procedure, also, the majority lagged far behind the pioneers, and it is only since the writings of Dieulafoy in 1869 that the treatment of pericardial effusions by aspiration and latterly by the open method, has become general. This comprises about the extent of blood-vessel surgery up to a very recent date.

But most of this work, after all, was not truly reparative; it included no attempt at restoration of anatomic and functional conditions, and, as we have seen, its development was very slow, extending from the dawn of history almost to the present. Indeed, the great Sir Frederick Treves, in his "Manual of Operative Surgery," published in the present year, confines his section devoted to "Operations on Arteries" entirely to the ligature, with no mention of the great recent progress which we shall proceed to sketch.

As reasons for the slow advance in vascular surgery, it is to be remembered that prior to the advent of surgical asepsis, the certainty of inflammatory complications was insurmountable. After its introduction, operators were engrossed in larger fields and technical difficulties were great. Gradually, however, the restless ambition of clever men led them to seek for fields of conquest outside of the abdomen and pelvis. The development of intestinal anastomotic technic suggested the principles to be followed; the increasing operative experience of many men emboldened them to work on more and more delicate structures and tissues; increasing physiological knowledge of the blood, blood-pressure, osmotics, and histological reparative processes defined the requirements of a technic which should be successful.

Dr. Hallowell, of Newcastle-on-Tyne, in 1759, first performed successfully a crude longitudinal arteriorrhaphy, but his success was not repeated until 1886 by Postemski, of Rome. Then followed a period of about a dozen years of groping experimentation, until out of the chaos, in 1897, came the paper of Dr. J. B. Murphy, which thoroughly established the procedure. Soon the literature was full of new methods, new modifications and case reports, with an increasing proportion of successes.

The technic of lateral arteriorrhaphy is simple, success depending entirely upon the care exercised in selecting materials and in carrying out details. Briefly, the typical technic consists in isolating the wounded vessel from its sheath, controlling the blood-current temporarily by suitable clamps, inserting traction sutures at either end of the wound, anointing the wound edges with sterile vaseline, and suturing with a simple over-casting stitch, using fine lace-makers'

needles and exceedingly fine (No. 500) silk, also soaked in sterile vaseline; gentle traction should be made on each stitch as it is inserted, and the greatest care taken to secure accurate approximation of intima to intima. The sheath and the overlying structures should be separately and carefully sutured.

Murphy's original method of circular arteriorrhaphy, of which numerous modifications have been devised, was by splitting one end of the divided artery and invaginating the other end within it, securing it by sutures. Such a method has, however, features which predispose to thrombosis and, moreover, cannot be used where there has been more than a slight loss of substance.

Of all the technics, that advocated first by Carrel in 1905 is the simplest and most successful. Three or more sutures are introduced at equidistant points about the circumference of the severed artery, entering from without inward through all the coats of one end, passing across to the other end and emerging from within outward at points exactly opposite their introduction. When these sutures are pulled taut, the ends of the artery are approximated. Now, upon making traction upon any two consecutive sutures thus placed, the segment between them is drawn out into a straight line and may be sutured in the same manner as described for lateral arteriorrhaphy.

The progress in the surgery of the veins has kept pace with that of the arteries and has developed along much the same lines. Among the notable achievements in this field are the repeated ligation, suture, and even resection of the inferior vena cava below the level of the renal veins, and the ligation of the portal vein. In fact, all the large veins, with the exception of the superior cava, the pulmonary and the azygos major, have been many times subjected to these manipulations. Other successes have been attained in the use of a section of a vein, either from the same or a different animal, to restore lost substance in arterial resections, and the utilization of arterio-venous anastomosis to shunt the circulation in cases of obliterative lesions of the main artery of a limb.

Though not strictly within the scope of our subject, mention must be made of the successful revival of the transfusion of blood, thanks to the work of Carrel, Crile, and many others. It is usually accomplished by an anastomosis between the radial artery of the donor and some superficial vein, as a rule the median cephalic, of the recipient. The means used to effect this union are numerous, among which are the direct suture of Carrel, the cannulæ of Crile and modifications of this device, the clamps of Soresi and others, the paraffin-coated tubes of Brewer, and the direct introduction of the artery into the vein suggested by Hartwell. Recently Dorrance and Ginsberg have advocated vein-to-vein transfusion, claiming that it eliminates the danger of acute cardiac dilatation in the recipient. Among the conditions in which transfusion acts especially well are gas-poisoning, those attended with profuse hemorrhage, such as typhoid ulcer of the stomach, and ectopic gestation, and a limited class of constitutional conditions, such as hemophilia and melena neonatorum.

Rudolph Matas first presented his endoaneurysmorrhaphy—the first really reparative operation for the treatment of aneurysm—to the profession in 1902. By various types of this operation, used as demanded by the conditions present, (1) the cavity of the aneurysm may be obliterated with necessary interruption of the main arterial channel, but with less danger to the collateral circulation, and less liability to complication than by any of the older methods—a process conservative of function, though not truly reparative; or (2) the cavity may be obliterated, with restoration of the vessel wall, a really reparative procedure; or (3) a new vessel wall may be formed from the walls of the sac—a more significant feat than all, in that it involves reconstruction.

It is sufficient to state, without attempting a detailed description of the technic of these procedures, that they consist in obtaining provisional hemostasis with suitable clamps, opening the sac freely without disturbing it in its surroundings, and closing all orifices *from within the sac,* with fine chrome or silk sutures. In the case of the reconstructive operation, a fine rubber catheter or drainage tube is inserted into the main openings and used as a form over which to sew the new channel, being removed just before the insertion of the last sutures. The sac is then obliterated by a series of sutures and the wound closed.

In 110 reported cases there were less than 2 per cent. deaths, less than 1 per cent. post-operative gangrene, and less than 4 per cent. relapses. So satisfactorily has this method met the necessities of these serious conditions that it has become classi-

cal and the name of Matasis emblazoned on the record of surgical achievement.

In 1896 Dr. Farina sewed a wound of the myocardium. The patient recovered. The world beheld a new wonder for the first time accomplished. The holy of holies of man's physical being had been invaded and the rash operator, instead of being punished, had been rewarded by the recovery of his patient. To-day there are on record over one hundred cases of successful repair of heart injuries.

Nor are these the most wonderful achievements in this field which is rapidly becoming an important domain in surgery. Alexis Carrel, of the Rockefeller Institute, and others have removed whole organs—heart, kidneys, ovaries—from animals, implanting them in other animals and so uniting the blood-vessels of the host and the implanted organ that the nutrition and the function of the latter have been preserved. A number of men have removed sections of vessels, replacing them with sections removed from other animals, and succeeded in re-establishing the circulation through them.

Thus we have glanced in a cursory way at the long strides made in blood-vessel surgery in the last dozen years as compared with the tedious accomplishments of all the centuries before. The benefit which this advance means to mankind is already abundantly manifest; lives, members and functions have been prolonged and preserved and much suffering mitigated or prevented as a direct result of nearly all of the procedures we have mentioned and they will prove of increasing value as a knowledge of them becomes more general and as the rank and file of operators become more adept in their performance.

As to the promise of the future, he would indeed be bold who would venture anything very definite. That there will ever be an era when worn-out viscera in the human body shall be replaced with nice, new, ready-to-wear ones is a Utopian delusion from our present outlook; but as every battle won leads on to greater victories, let us indulge the hope and work toward the end that what has been achieved shall be only an earnest of advances greater than the most sanguine can foretell.

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TUBERCULOSIS AS IT CONCERNS THE PHYSICIAN.

By LAWRENCE F. FLICK, M. D.,
PHILADELPHIA, PA.

For the physician, tuberculosis is a two-sided problem; the one side being that which concerns him as a citizen, and the other that which concerns him as a physician. The side which concerns him as a citizen is the sociological one. This has to do with the prevention of the disease by public enlightenment, by social reform, by readjustment of the customs and habits of life to correspond with modern ideas of sanitation, by an organized effort for philanthropy and investigation, by legal enactment, and by governmental control and governmental aid. This side of the problem has been more diligently worked out by physicians than by any other class of citizens. What the physician has done along these lines speaks well for his altruism, for it is against his personal interest, and in a sense takes the bread and butter out of his own mouth and the mouths of his wife and children.

The other side of the problem, namely, that which concerns the physician alone, has unfortunately received less attention, and this, perhaps, puts the physician in a bad light as regards sagacity, because it is a side which might be made very profitable to him without prejudicing the public interest. It is the physician's function to prevent disease in the individual; to cure it in the individual when it has occurred; and when disease cannot be cured, to alleviate the sufferings of the stricken one; and in the exercise of this function lies the physician's sole opportunity for remuneration.

At all times, from the dawn of history, the highest function of the physician has been to guard those who entrust themselves to his care against the enemies of health, whether they come in the form of licentiousness, dissipation or disease, and for this service, mankind has always been willing to return a good compensation in both money and esteem. No man has ever been held in higher esteem in the world than he who could protect against impediments to health, who could ward off death when disease had broken through the lines of protection, and who could give relief from pain and disquietude. The world has bowed before him and even kings have honored him.

Next to prevention, cure of disease is the

most important function of the physician and in these modern times when so much can be done for the cure of disease, this function has a greater value than it has ever had in the history of man. In the past, cure of disease was more a matter of pretence than of accomplishment. People got well in spite of disease and the doctor, and frequently, the doctor took the credit for what nature had accomplished in spite of his interference. While there is still much of this pretence and still a great deal of bungling interference with nature's laws, the physician nowadays, by wise guidance and even sometimes by direct methods, can really bring about favorable results in diseases in which, formerly, only unfavorable results could be looked for.

The other function of the physician, namely, the alleviation of suffering, is only secondary and should always be kept in the background, but, unfortunately, is sometimes thought too much of. From a human point of view, it is perhaps the most attractive both because the results of its administration are dramatic and because it appeals to sentiment. It is a dangerous function, however, and one which, more than any other thing, has trammeled the progress of scientific medicine and kept individual physicians, indeed the majority of all physicians, in the quagmire of mediocrity. The power to ease the sufferings of a fellow human being is so seductive that it constantly leads physicians to do things which, if fully analyzed and shown up in all their influences, would often reveal a broken thread of life which might have held out a while longer had that relief not been sought and given.

In no disease in the whole field of medicine has the physician a better opportunity of increasing his value to himself and his usefulness to others than in tuberculosis. In no field can he give a better return to his clientele for the money which it pays him, and in no field is the money more willingly paid. Exact, accurate knowledge of the prevention of tuberculosis is at present highly appreciated by every one, and intelligent help toward recovery is prized and gladly paid for by every victim of tuberculosis. What the public thinks about such advice and assistance and the value which it places upon them is indicated by the millions of dollars which it pays to quacks and mountebanks for things which have no value, but which are held out in the limelight of advertisement as capable of accomplishing the results which are desired.

Few physicians appreciate and realize that there is both a duty and an opportunity for them in the prevention of tuberculosis. They have been so accustomed to think about the matter in the light of public duty and in association with philanthropy and sociology, that they have forgotten what belongs to themselves. The medical profession as a body, through physicians as units of that body, has it in its power to immediately control the spread of tuberculosis and to collect a good revenue from the public for doing it. Of course, this is only theoretically true, but it might be practically true if all physicians had the proper knowledge, training and disposition to exercise the power which they theoretically possess. In the light of our present knowledge, every tuberculous subject who has become contagious can be made non-contagious through certain practices which are within his ability and which usually, with the assistance of available philanthropy, can be brought within his financial reach. Were every tuberculous subject made non-contagious, no new cases would spring up and the disease would become extinct with the termination of the cases now in existence. Tuberculous subjects and the families of tuberculous subjects who can afford to pay for the knowledge and training which positively and actually obviates all danger from the stricken individual are quite willing to pay for it and will return in appreciation and esteem even much more than they can afford to give in money. To be able to make a consumptive feel that he is not endangering the lives of those who are near and dear to him, and to be able to make those who are near and dear to the consumptive feel absolutely secure against danger of infection in their intimate relations with him, is a power, the value of which, when exercised, cannot be represented in dollars and cents. This power should be in the hands of every physician and is not, because of the slowness with which truth and advanced knowledge filter through our medical schools and our medical journals into the rank and file of the profession.

To make a consumptive non-contagious is simple enough to the man who fully understands the subject and who is willing to intelligently direct his patient. Inasmuch as the contagium of tuberculosis is restricted to the broken down tissue which is given off, and, perhaps in some degree, to the excreta, and, inasmuch as these are gross objects which can be easily seen, handled and controlled, all that is necessary is to devitalize

them when they are given off without contaminating the individual who gives them off or the environment in which he lives, or at least to dispose of them in such a way that they cannot contaminate anything and cannot be brought back by any force in nature to a person who might become infected. The only excreta which are at all likely to contain tubercle bacilli are urine and feces and these are ordinarily deposited where the fermentation that is going on will sterilize them before they can be brought back to either human beings or animals. Practically, there is probably no danger whatever of new implantations in either human beings or animals from these sources. The chief seed supply for new implantations of tuberculosis, undoubtedly, is the sputum given off by people who have tuberculosis of the lungs, and it is this which needs to be looked after above all others.

The correct method of disposing of sputum is to deposit it in a paper sputum cup which can be held close to the mouth, and then burn it. Supplementary to depositing the sputum in a cup, it is necessary that the consumptive hold a paper napkin before his mouth when he coughs and sneezes, that he carefully wipe his lips with a paper napkin every time he expectorates, that he use a paper napkin only once and then fold it up carefully, that he deposit all his paper napkins which he has used in a paper bag which he carries with him for that purpose, and that he burn these when he has an accumulation of them. The physician should instruct every spitting patient how to do these things and should show him the materials which he should use and tell him in detail why every part of this procedure is absolutely necessary. Unless he does this and does it intelligently, his patient will not carry out the necessary practices or will carry them out only in part, and will thereby defeat his purposes and simply blind himself and his physician in the belief that he is non-contagious when he actually is contagious. The patient who uses the sputum cup at times and spits into a basin or a toilet at other times and who uses a sputum cup at home and spits on the street when he is abroad may believe himself to be a cleanly person and to be harmless to himself and others, but in reality he is uncleanly and he is dangerous both to himself and to others. A moment's thought will convince any one who has had the opportunity of making observations on the spitting habit that spitting away from the body sprays some sputum on the clothing of the person who spits and that no care in spitting can obviate this accident. The amount of sputum which is sprayed off in one expectoration, of course, is very little, but the amount which would accumulate upon the individual's clothing in days and weeks is considerable, and in a fairly advanced consumptive, is enough to contaminate the clothing in such a way as to make it give off dry tuberculous matter in the form of fine powder every time it is agitated sufficiently. Spitting into cloths or into paper napkins is a very reprehensible practice, because it is almost certain to contaminate the lips and hands of the spitter and it is quite certain to contaminate his pockets and his clothing. Nothing, except the use of a sputum box which can be held close to the mouth, should ever be tolerated by the physician. There are different kinds of paper sputum boxes available, any one of which can easily be carried in the pocket. Physicians should see to it that a full supply of these sputum boxes and of paper napkins and paper bags be kept in every drug store and be made available to every person who needs them.

When the consumptive becomes advanced in the disease so that he has to be confined to his bed, the problem of making him non-contagious becomes a little more difficult, but is still within the grasp of the resourceful physician. At this stage, the aid of a nurse or of some properly trained person is necessary, because the consumptive himself has no longer the physical and mental strength to co-operate efficiently in preventive practices. Through weakness and through forgetfulness, he soils his body linens and his bed linens with sputum, he soils his hands and his lips with it, and he spills it on the floor and on the furniture. Somebody must immediately sterilize the linens, cleanse the hands, lips and face of the consumptive, and wipe up the floor and furniture when these contaminations take place. Among the very poor, this can only be done in a hospital because the expense of doing it outside is too great to permit of it. The very poor should, therefore, always be removed to a hospital and physicians should help break down the prejudice which now exists in our general hospitals against the admission of consumptives. There is no good reason at the present day for excluding a consumptive from a general hospital because, with our present knowledge, a consumptive may be treated in a general hospital without the slightest danger to any one else. To exclude him is a confession of ignorance and incompetence.

Among the fairly well-to-do, the physician can easily train a member of the family to take care of the consumptive and to do those things which the patient himself can no longer do for the proper disposal of sputum. This training, however, should be thorough and should be followed up by supervision so that it may always be effective. The physician must not be content with merely telling the attendant what to do, but should show her how to do it and should continually watch whether she does it right.

There is a side to these preventive practices which is usually overlooked and which means a great deal to both the physician and the patient. It is the part which accurate and definite prevention plays in the care of the stricken individual. Tuberculosis has very little self-limiting capacity. It does gradually set up an immunity in the individual, but usually that immunity comes when it is too late, when, indeed, so much destruction of tissue has already taken place that the organism no longer possesses the necessary machinery for its own preservation. There is, however, a very great tendency to recovery in tuberculosis and every tubercle which breaks down and comes away marks a step toward recovery and registers so much consumed energy by the organism for its self-preservation.

It is quite probable that re-implantation of the individual by the bacilli which have already been cast out is the chief seed supply for new growths. The tuberculous subject, therefore, who contaminates his hands and lips, his clothing and his environment, is constantly taking back bacilli, which his organism has once rejected and is thereby continuously throwing additional burdens upon his organism. That he sometimes gets well in spite of this is, indeed, marvelous, but, usually, he does not get well under such practices. Long observation of tuberculous cases has convinced me that with complete avoidance of re-implantation with bacilli given off by the consumptive himself, on account of the great tendency to recovery, most persons would get well with this measure alone were it practised from the very beginning. Making the tuberculous subject absolutely non-contagious is, indeed, the one best remedy in the treatment of tuberculosis for its cure.

In the curative treatment of tuberculosis, the physician at the present time can accomplish a great deal provided he is familiar with all the resources at the command of the profession, studies his case carefully in every detail, and devotes himself enthusiastically to his work. Up until recently, tuberculosis usually was looked upon as an incurable disease; and many physicians still look upon it as such, or, at least, are quite skeptical as to whether anything can really be done to bring about recovery. They still hold the old idea that change of climate may accomplish something; and, that while, perhaps, milk and eggs may do something, nothing can be accomplished worth while by medication or regime. Nowadays, most physicians do prescribe the milk and egg treatment and the fresh air treatment in a very general sort of a way, but beyond this they have very little to offer. During the last year or two, a great many men have also taken up the tuberculin treatment, but this, too, in an uncertain manner. All of these things are indications, however, that the profession as a body is awakening to the fact that tuberculosis is a disease which can be treated scientifically, with fair prospects of accomplishing desirable results.

There is, perhaps, no disease in the entire category of diseases more difficult to treat than tuberculosis and more yielding to treatment in the hands of a competent man. Every case has peculiarities of its own and must be treated in its own way, even though the general principles of treatment may be the same. In every case, moreover, conditions are liable to change from time to time, demanding a change in the treatment, and the physician must be on the alert to discover such changes as soon as they occur, as failure to discover them may jeopardize the chances of the patient for recovery. Changes of this kind do not often occur suddenly, but come on insidiously and clandestinely in such a way that they take one off his guard. A pleurisy may set in, for example, an effusion may take place, a nephritis may develop, or a localized pneumonia may grow out of an ordinary cold—any one of which, unless quickly recognized and corrected, is apt to lead to serious consequences. The stomach and the intestinal tract of the patient need constantly to be watched because they may at any time be subjected to functional disturbances of one kind or another.

In order to treat a case of tuberculosis skillfully, it is necessary that the physician first make himself familiar with the temperament, constitution, and the physical condition of his patient, and with his personal and family history. As far as possible, he should know all the weak points and all the strong points of his patient and

he should completely understand his physiology so that he may be able to correct promptly every deviation of a function of the body from its normal physiological condition. He must know the weak points in the temperament and character of his patient in order that he may bolster them up. The treatment of tuberculosis is a long one and requires an optimistic turn of mind, a hopeful temperament, and a grim determination to do whatever is necessary, however difficult, for success. The physician must be able to keep his patient at doing hard things, not for a day or a week, but continuously and without intermission for months and sometimes for years. Even a temporary intermission of the regime which is necessary may prove to be the cause of failure in the end.

There is no specific remedy in tuberculosis, but there are many remedies which can be made to serve a useful purpose in cases to which they are adapted. Neither is there a specific plan of treatment, but there are many plans which may be successful in the hands of men who fully understand them and who are skilful at applying them. Everything depends upon the care and intelligence with which remedies and methods are used. Above all things, the treatment of tuberculosis should never become routine, except in the general plan, and this should be adhered to steadfastly unless there is a good reason for changing it. Frequent and spasdomic change of plan of treatment never leads anywhere except to failure.

A few general principles can safely be laid down for the treatment of tuberculosis and these may be followed out in practically every case. First, the diet should be carefully fitted to the capacity of the individual to digest and assimilate it. In amount, it should not exceed what is necessary for the demands of the organism for fighting the disease and for storing away a little surplus. The food which will give the largest return with the least labor should be selected, but care should be taken that in the selection of this food, no idiosyncrasy of the individual be permitted to defeat the object sought after. For most people, milk and eggs with one meal of solid food a day give the basis of a correct diet for a tuberculous subject, but occasionally, one meets an individual with idiosyncrasies which militate against such a basis of diet. The much-used term of "forced feeding" must never be construed to mean stuffing, but should be interpreted to mean that the patient takes the selected diet against his inclinations if necessary and under the force of his own will, rather than through craving for the food. Misinterpretation of the meaning of forced feeding has led to much mischief in the treatment of tuberculosis and has been responsible for a great many failures.

The second principle is that drugs may be used advantagiously for putting a function of the organism into a physiological condition or for aiding an organ of the body which is crippled in its functions, but should never be used for any other purpose. To give drugs because somebody else has used them, without understanding what they may accomplish or how they may accomplish it is bad practice. It is better to give no remedies at all than to use remedies which one does not fully understand.

Third, climate has no specific value in the treatment of tuberculosis. Change of scene and environment may be of use in cases in which the mental attitude is bad, but only in so far as it corrects the mental attitude. The best place in which to treat a case of tuberculosis is that in which the individual to be treated can get the greatest amount of happiness, the best food, the best hygienic conditions and most comforts of life for the smallest amount of money and with the least worry. For most people, this is in the home or at least within easy distance of relatives and friends.

Fourth, people of weak character, people living under bad domestic conditions which cannot be corrected, and people who cannot command the attention and service necessary for their treatment at home should be moved into a sanatorium. Perfect discipline and strict compliance with the rules laid down by the physician are essential for success in the treatment of tuberculosis and where the individual is so weak in character that he will not carry out the treatment in both spirit and letter, success cannot be attained except through the influence of others who understand something of the treatment. This influence can only be obtained in a sanatorium. To try to do the best one can with a patient under bad sanitary conditions and without proper supervision and attendance is foolish because it always ends in failure.

Fifth, restoration to physical health is not synonymous with cure in tuberculosis and treatment of the disease cannot be safely stopped when physical health has been recovered. A disregard of this principle leads to more failures in the treatment of tuberculosis than any one thing. So long

as the patient looks ill and feels ill, it is relatively easy to secure his co-operation and the co-operation of his friends, but when he begins to feel well and to look well to his relatives and friends, co-operation often ceases, and the patient takes himself into his own hands or places himself under the direction of his family. It takes years to recover from tuberculosis under the most favorable conditions and the physician who commits himself to the idea that a tuberculous patient has recovered in a few months because he has regained the appearances of health, is apt to experience a humiliation later on, if he lives long enough, in seeing his patient transferred to an undertaker. No case, however well, should ever be reported as cured. It is much safer to use the term "disease arrested" and to look upon every case as liable to a recrudescence of the disease.

Sixth. While rest and exercise are both useful in the treatment of tuberculosis when properly used, rest should always be used where there is doubt, because it can do no harm and exercise can. In the acute stage of tuberculosis, absolute rest should be insisted upon, and it should be maintained until all acute symptoms have passed off, even if it takes a year for this to occur. In fact, time cannot be considered in the treatment of tuberculosis. However long it may take to bring about recovery, one must be reconciled because haste is almost certain to lead to fatal errors. Impatience to get about and to be doing something is frequently the cause of prolongation of the disease, because every time the patient gets into a fair condition he becomes active and has a relapse, going back to a little worse condition than he started from the time before. To recover from such a relapse takes months and valuable time is frittered away without any real progress being made. The physician must be firm in his insistence on absolute rest until he is fully convinced that exercise may be taken with safety and profit. When exercise is begun, it should be under the supervision and control of the physician.

Seventh. Stimulants, depressants and opiates should be avoided, unless there is a very specific, peremptory reason for using them. When used, they should be prescribed in the smallest quantities possible and never left to the discretion of the patient or the judgment of a nurse. Alcohol may be used advantageously in certain complications of tuberculosis, but in the hands of most men it is more likely to do harm than to do good. Tobacco should not be used except, perhaps, after dinner, and then only by patients who are in good physical condition and who have a strong, vigorous heart action. The more skilful the physician becomes in the treatment of tuberculosis, the less opium will he use. The experienced, competent physician can get along without the drug, except, perhaps, in a few cases during the last few days of life, especially when there is laryngeal complication.

Eighth. Fresh air is essential to the correct treatment of tuberculosis. This does not mean that the patient must be frozen to death in winter but merely that there must be avoidance of re-breathing the same air twice. The ideal life is in the open air, because then it is physically impossible for any of the air which has been exhaled to come back to the patient. Satisfactory conditions for a proper change of air can, however, be produced in a room even with a comfortable temperature by having the windows open on two sides of the room. In winter, heat in a room aids ventilation and is of benefit. Unfortunately, it is very expensive to heat a room with the windows open and most people must content themselves with a cold, ventilated room for sleeping purposes, at least, if they are to have ventilation at all. An economical way is to have the patient sleep in a room without heat and eat and dress in a room which is heated and fairly well ventilated. Drafts need not be regarded in arranging for the ventilation of a room, as they can do no harm when the patient is properly clad and properly covered while in bed, and are really essential to a proper change of air. It is by movement that the air cleanses itself of its impurities and it is only when the air in a room moves rapidly and the warm, polluted, expired air gets away from the patient quickly that the patient avoids re-breathing the air which he has exhaled.

Ninth. Tuberculin, bacterin and sera have a value in the treatment of tuberculosis, but should always be used cautiously, and unless well understood, had better not be used at all. Tuberculins need to be used with greater caution than bacterins and sera, because their abuse is fraught with great danger. One must always keep in mind when using these substances that the injury that may come from their improper use may be very far reaching and irreparable and that in the long run it may be safer to go on without using them. All of them should be started in small dosages, and unless the physician feels secure in his

position, should be continued in small dosages. It is not practicable to guide their use by the Opsonic Index and the physician must, therefore, learn to use them in an empirical way. A very safe and useful way of getting serum treatment for a patient is by putting on fly-blisters and absorbing the serum from the blister. This gives the patient his own serum and is followed by excellent results.

Tenth. Excretory functions of the patient should be kept active in order that the poisons generated by the micro-organisms which are infesting him may be kept out of the system and also in order that the debris and used-up substances which probably give a good pabulum for the growth of micro-organisms may be kept as low in the organism as possible. It is quite probable that most of the disease-producing organisms grow on the dead tissue in our bodies rather than on the living tissue, and that just in proportion as we have dead tissue and used-up material circulating in our blood and in the juices of our bodies, micro-organisms find good soil for their growth. The skin, which is the largest elementary organ of the body, should be kept clean and active, and for this reason should receive daily ablutions and frequent scrubs with soap and hot water. The bowels should be kept flushed out, preferably with Epsom salts. The kidneys are usually well flushed out by the liquid diet. Nothing should be used for aperient purposes which can in any way congest or irritate the intra-abdominal organs. Next to Epsom salts, castor oil is the best drug at our command for cleaning out the bowels in tuberculosis.

In the matter of alleviating pain and disquietude of every kind, the physician should resort more to mental influence than to drugs. With most people a little reassurance is all that is necessary. There are a great many fugitive pains in tuberculosis which grow with dwelling upon them and which can be relieved promptly by an assurance from the physician that they have no evil import. Pain which is due to an inflammatory condition, such as occurs in pleurisy, can best be relieved by putting the part at rest. Cough and nervousness can usually be controlled by rest and by the will power of the patient when properly brought into play. Frequently, the remedy which is needed for all of these complaints dependent upon the nervous system is absolute rest in bed and when it is needed, it should be resorted to without hesitation and without compromise.

Finally, the physician must know how much tuberculosis his patient has and what the complications are. Tuberculosis begins first as an uncomplicated disease, but rarely comes to the attention of the physician as such. Usually, the patient consults the physician when the first serious complication has set in and consults him for the complication rather than for the tuberculous process itself. The complications which most frequently bring the tuberculous subject to the physician are colds, grippe, pneumonia, pleurisy, hemorrhage, inanition and various forms of gastric disturbances. Most of these complications, at least those of an acute form, are self-limiting, provided the patient is put at rest and his organism is given a chance to recover itself. They are misleading, however, when first encountered and may give the physician a very erroneous idea of the amount of tuberculous process which is going on. One should be very careful, therefore, about giving an opinion as to the tuberculous involvement when he first sees a case in an acute condition. On the other hand, one must also be on his guard against being misled in the other direction into an idea that there is not much tuberculosis in the case when the acute conditions have passed off. Every case should be carefully studied physically and should be charted with an analysis of all the pathological conditions and functional disturbances so that as far as possible a clear-cut idea may be formed of how much tuberculous process there really is. The prognosis of a case and the plan of treatment hinge largely upon the amount of tuberculous involvement. Patient, persevering effort in studying a case will enable any physician of fair training to reach satisfactory conclusions in those matters and when he cannot reach them, he should, by all means, call for assistance before he goes on with the treatment of his case. Nothing is more foolish than for a physician to try to treat a case blindly, for when he does it, he invariably fails in obtaining results and ends in confusion. It will no longer do for the physisian to ease his conscience by saying to himself that he is doing as much for his patient as any one else could do and that he is, after all, dealing with a disease in which favorable results are unattainable. As good, if not better, results can nowadays be obtained in the treatment of tuberculosis as in any disease with which the medical profession has to deal, and when the physician does not obtain good results, it is because he does not possess the knowledge and skill

necessary for obtaining such results. Often it is not so much the want of knowledge and skill as the want of honest application of them. It takes time to study a case of tuberculosis well enough to be able to treat it well and it requires painstaking work. The physician must recognize this and he must also recognize that the time and pains which are necessary can only be given for a commensurate fee and he must have the courage to charge the fee which is necessary to be able to do the work. He need not see his patient often, usually not oftener than once in two weeks, and sometimes not oftener than once in a month, but when he does see him, he must study him carefully and give him the best that he has. If he has made his first study of the case thoroughly and has kept the proper record of it, the time and labor required for subsequent visits are much less, but, at every visit, he should go over his case thoroughly enough to be able to determine definitely whether any complications have occurred or any new developments have taken place in the interim between the visits. With this kind of treatment and supervision, the physician who is willing to give it will find in tuberculosis a remunerative and satisfying field of labor.

PROGRESS IN THE THEORY AND PRACTICE OF LESIONS OF THE ALIMENTARY TRACT.

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The most marked advance in our knowledge of pathologic conditions of the œsophagus and of their treatment is that made by Plummer (Surg. Gyn. & Obstet., Vol. X., No. 5, p. 519) in his elaboration of the nearly forgotten technique devised by Mixter and Dunham regarding the value of a silk thread as a guide in instrumental interference. He shows the extreme simplicity of its use and demonstrates its safety and usefulness in both diagnosis and treatment, based on a series of three hundred lesions.

Cardio spasm has begun to be recognized with much greater frequency than heretofore, chiefly due to the paper read by the same author at the A. M. A. meeting in St. Louis, 1910, at which time many radiographs were demonstrated showing the diagnostic characteristics of the lesion and giving the pathognomonic clinical picture, which is divided into three stages, first, that of the catching of the larger pieces of food at the cardia, but which pass through eventually from the peristalsis alone; second, the stage where the food remains proximal to the obstruction for an indefinite length of time, but may be forced onward by the use of intrathoracic pressure; and third, the stage in which solids will not pass, and the consequent inception of regurgitation.

His treatment, which has been successful without exception, is the use of a hydrostatic dilator, exerting a divulsive pressure against the cardia of about fifteen pounds; usually one treatment, but occasionally two, is all that is necessary to effect a complete cure. The silk guide is almost indispensable in this procedure. Myers (*Jour. A. A. M.*, Vol. LV., No. 18, p. 1554) has also had considerable experience with this apparatus, and confirms Plummer's statements.

Ulcer of the stomach and duodenum may be considered jointly. The most thorough exposition of the present-day conception of the latter condition is that given by Moynihan in his recent book on "Duodenal Ulcer," and the consideration of ulcer of the stomach by Graham, based on the clinical diagnoses made in several hundred operated cases of the Mayo brothers, points out many errors which have been made heretofore. We note that duodenal ulcer is far more frequent than we had supposed. Five years ago its occurrence seemed a rarity; now many men meet with at least a case a week. Its occurrence is much more frequent in men, and its symptomatology quite pathognomonic in most cases. The old idea of the majority of ulcers of the stomach being found in the female has been exploded, and we find that not more than thirty per cent. of the cases occur in women.

The ingestion of food does not cause pain in uncomplicated ulcer of the stomach, at least in its most frequent situation, but, on the other hand, relieves it. This is backed up by thoroughly scientific experiments. Indeed, the older textbooks seem directly at odds with the present-day teachings from the living pathology of the operating table.

The relationship between ulcer and cancer of the stomach has received much consideration. To be noted especially are the observations of Wilson and MacCarty (*Am. Jour. Med. Sc.*, Dec., 1909), in which they state that in a series of one hundred and forty-nine cases of cancer, one hundred and nine had certainly developed upon a preceding ulcer, and later Wilson and Willis (*A. M. A. Jour.*, Vol. LV., No.

11) were able to demonstrate that sixty-seven per cent. of cancers of the stomach had developed on ulcer. Moynihan places the incidence at seventy-two per cent., and Scapescho at ninety per cent.

The treatment of ulcer divides itself into camps of Von Leube and that of Lenhartz, with various modifications by many men, notably Minkowski, Senator, Zweig, Mayerle, Luedin, Mueller, Gerhardt, Moritz, Lambert, Rosenfeld, Sternberg, Linossier, Rochester, etc., the relative merits of which cannot be considered here.

As accessory measures are the employment of almond milk or olive oil. Rutimeyer has reported striking results from its employment in 100 ccm. doses every morning in one hundred cases (clinical), while Borhjaerg enhances its effect by suspending in it 16 gm. of bismuth, the carbonate of the latter being quite as efficacious as the subnitrate, according to Meyerle.

The results of the employment of horse serum by Hort in England, and Katzenstein and Fuld in Germany, are as yet far from conclusive, and the expense is prohibitive. The styptics and vaso-constrictors have been finally discarded in the treatment of gastric hemorrhage, and Kaufmann (*Amer. Jour. Med. Sc.*, June, 1910) shows conclusively that active or better continued bleeding is not a contraindication for the use of the stomach tube, but that in such cases it may be used many times with benefit.

Weinstein (*A. M. A. Jour.*, Vol. LV., No. 13, p. 1085) has brought forward a new test in the diagnosis of cancer of the stomach by the use of tryptophan, which has proved simpler and better than that formerly used by Newbauer and Fischer, (*Deutsch. Arch. of. Klin. Med.*, 1909, XCVII., p. 499), in which glycyltryptophan was employed. Lyle and Kober (*N. Y. Med. Jour.*, June 4, 1910, p. 1151) report very favorably on the new reaction; certainly it seems to bear further investigation.

Solomon's test has been discarded, further experimentation not having borne out the earlier statements. The skin reaction as evidence of hemolysis induced by the subcutaneous injection of normal red cells into a cancerous subject, devised by Elsberg, Neuhof and Geist (*Med Rec.*, Oct. 15, Vol. 78, No. 16, p. 679) has been found positive in 89.9 per cent. of cases which were amply controlled. It seems to be of diagnostic assistance in doubtful cases.

A great mass of literature has accumulated during the past year referable to the pancreas, chiefly the result of the more frequent recognition of its pathologic processes, due in part to exhaustive treatises on this subject by Robson, Codman, Moynihan, Pilcher and others. The Cammidge reaction as a pathognomonic evidence of pancreatic involvement has been demonstrated to be absolutely misleading, *if knowledge of the clinical history be eliminated.* There is no apparent clinical relationship between disease of the pancreas and any of the various types of end reaction. These various types of reaction do, however, indicate metabolic disturbances of varying character and intensity, which, if continued, may be indicative of a lesion of the pancreas (Pilcher, Willis and McGrath, *Surg. Gyn. & Obstet.*, Vol. XI., Aug., 1910, No. 2, p. 156).

Friedenwald and Ruhraeh (*Amer. Jour. Med. Sc.*, Vol. CXL., No. 6, p. 793) have contributed to the advance of knowledge regarding dietetic treatment in diabetes in introducing the soy bean, an article of food capable of being prepared in a great variety of ways; it being efficacious in markedly reducing the amount of sugar present owing, first, to its containing practically no starch, and, second, to its marked saccharifying properties. Mayo, Robson and L. S. Pilcher have written upon this subject dealing with its prophylaxis and treatment even after changes in the pancreas are established, considering operative interference indicated when any disturbance of gall bladder function can be demonstrated; the indications being so absolute that we have in diseased conditions of this organ the etiologic factor of diabetes in many instances.

Regarding cholecystitis and the formation of gall stones, Clark (*Boston Med. and Surg. Jour.*, Vol. CLXIII., No. 18, p. 675) considers the metabolic, chemical and histologic or mucous membrane hypotheses at length. The article is well worth reading to those interested in the etiology of this condition; while Else (*Surg. Gyn. and Obstet.*, Nov., 1910) gives his views resulting from experiments as to the route travelled by the infecting agent in reaching the gall bladder. For the treatment of inflammatory processes, especially when due to an infective agent, we find the best method to combat it to be the free use of urotropin, which is actively secreted by the mucosa of the bladder.

The continued prevalence of typhoid fever in certain districts has given opportunity for extended trial of dietetic measures, and the consensus of opinion is that a

fiuid diet is not only unnecessary, but injurious. Straus (*Amer. Jour. Med. Sc.*, Vol. CXXXVII., No. 5, p. 631), Shattuck, Bushuyev and Fussell *Amer. Jour. Med. Sc.*, Vol. CXXXVIII., No. 4, p. 526) and Strong (*Amer. Jour. Med.*, Vol. V., No. 10, Oct., 1910) are all insistent on a relatively general diet, the last mentioned even interdicting the use of milk at all, with the most gratifying results. Regarding the use of sera or prophylactic vaccines, generalizing statistics are still meager. Anders (*Jour. A. M. A.*, Vol. LV., No. 24, p. 2023) concedes that the use of vaccines for the following purposes is of value: (1) as a means of prophylaxis; (2) when continued during convalescence, to prevent relapses; (3) to combat local infections, as bone suppurations; (4) for the removal of the typhoid bacilli in typhoid carriers, as demonstrated by Irwin and Houston (*Lancet*, London, Jan. 30, 1909, p. 311). The most indicative article is that by Russell (*N. Y. State Jour. Med.*, Vol. 10, No. 12, Dec., 1910, p. 535), who reports vaccination of twelve thousand six hundred and forty-four troops, with the subsequent occurrence of five abortive types of typhoid, with no complications or deaths; while in the remainder of the army as yet unvaccinated there occurred four hundred and eighteen cases, with thirty-two deaths, making the rate per thousand among the vaccinated 0.39, while in the army at large it was nearly ten times as high.

Brem and Zeiler (*Amer. Jour. Med Sc.*, Vol. CXL., No. 5, Nov., 1910, p. 669) have revived and perfected the treatment of intestinal amœbiasis, not only in the acute dysenteric forms, but have also been able to eradicate the amœba in the chronic conditions by the employment of ipecac in doses of 60 to 80 grains at bedtime, and decreasing the dose 5 grains daily until the limit of 10 grains is reached. They report fourteen infections cured, eleven with dysentery and three without. This treatment certainly seems indicated before surgical intervention is advised.

Ruffer and Willmore (*Brit. Med. Jour.*, No. 2602, Nov. 12,, 1910, p. 1519) recount their experiences with the use of polyvalent and monovalent antidysenteric serum against the B. dysenteria (B. Tor, B. Flexner and B. Shiga) in 137 cases. They conclude that the mortality is very markedly reduced, and that this method of treatment is the best in these cases, the various other procedures having proved unavailing in their hands. The serum has no action on amœbic infections.

Mendel, Schmidt and Gompertz (*Amer. Jour. Med. Sc.*, Oct., 1909, and *Practitioner*, May, 1910) have introduced agar-agar for the treatment of constipation. They have used it extensively with good results. It appears to be innocuous, its efficacy depending solely upon its bulk, as it takes up water and is indigestible. For adults 15 grams (½ oz.) are to be given morning and evening, mixed with the food or eaten as a cereal. Morse (*Jour. A. M. A.*, Vol. LV., No. 11, p. 934) has employed it in children in doses of two teaspoonfuls daily with good results, though at times its administration is difficult.

Von Aldor (*Therap. Monatschefte*, 1910, XXIV., 171) offers a valuable suggestion in the treatment of chronic catarrh of the large intestine associated with diarrhea by using an injection of from 40 to 80 c.c. of a ten per cent. solution of gelatin at a temperature of from 113 to 125 degrees Fahrenheit, and reports seven cases of complete cure. The value of gelatin in the dietary of patients suffering from this condition, as suggested by Senator and Herter, is an important adjunct to bear in mind in the treatment. Its employment in the diarrhea of infants, as recommended by Weil, Lumiere and Pelm, may also be found practicable.

Diverticulitis has been receiving more and more attention since its relative frequency has begun to be appreciated, and deservedly so, as we have now ample proof that, besides the occurrence in them of chronic inflammation and occasional perforation, there is a marked tendency to proliferation of segregated islands of epithelium which are a very frequent accompaniment of this condition, and the consequent formation of cancer. This relationship has become more evident since the report of Mayo, Griffin and Wilson (*Surg. Gyn. and Obstet.*, 1907, Vol. 8), the etiologic factor having been identified repeatedly since then. Hartwell and Cecil (*Amer. Jour. Med. Sc.*, Vol. CXL., No. 2, Aug., 1910, No. 461, pp. 174-203) present a very exhaustive pathological and clinical study on this subject, having obtained for examination eighteen cases among the various hospitals in New York. The most carefully studied series is that of Wilson (*Annals of Surgery*, Feb., 1911) and will well repay the reader.

The greatest advances in the diagnosis and treatment of pathologic processes in the alimentary tract have been those bringing before the profession the facts regarding the interrelation of the appendix, gall bladder, pancreas, duodenum and stomach; as

demonstrated through the agency of the surgeon, and the embryologic, histologic and pathologic data obtainable only from the operating table. Extended review of this question is impossible here, and I append a few references which will prove most valuable:

REFERENCES.

MacCarty and McGrath—"Relation Between the Appendix and Disturbances in the Gastro-duodeno-hepatico-pancreatic Physiological System." (*Annals of Surgery,* Vol. LII., No. 6, p. 801.)

MacCarthy—"The Pathology of the Gall Bladder and Some Associated Lesions." (*Annals of Surgery*, Vol. LI., No. 6, p. 651.)

Graham and Guthrie—"The Dyspeptic Type of Chronic Appendicitis." (*Jour. A. M. A.*, Vol. LIV., March 19, 1910, pp. 960-963.)

Deaver—"Gastric Neuroses." (*Amer. Jour. Med. Sc.*, Vol. CXXXVII., No. 2, Feb., 1909, No. 443, p. 157.)

Fenwick—"Dyspepsia." Saunders & Co., 1910.

Pilcher, J. T.—"Chronic Gastritis of Secondary Origin." (*Jour. A. M. A.*, Nov. 19, 1910, p. 790.)

Patterson — "Appendicular Gastralgia." (*Proc. Roy. Soc. Med.*, April, 1910, Surg. Sec., p. 187.)

Fenwick—"Gastric Hypersecretion. Its Relation to Disease of the Appendix." (*Proc. Roy. Soc. Med.*, April, 1910, Surg. Sec., p. 177.)

MacCarthy—"Path. and Clinical Significance of Stomach Ulcers." (*Surgy. Gyn. and Obstet.*, May, 1910, p. 449.)

Munro—*Boston Med. and Surg. Jour.*, Vol., CLXII., No. 25.

145 Gates avenue.

In the presence of subpectoral or parasternal suppuration be on the lookout for a mediastinal abscess.

For oozing from the brain surface, during intracranial operations, the application of thin bits of absorbent cotton, as suggested by Cushing, is excellent.

A rounded swelling situated over the insertion of the hamstring on either side of the leg is apt to be an hygroma or ganglion derived from the tendon sheaths.

When operating upon or dressing suppurative esions (especially those of pleura, pericardium, joint, etc.), it is a serious mistake to disregard aseptic technic. The danger of secondary infection must always be borne in mind.—Amer. Jour. of Surgery.

RECENT MEDICAL ADVANCES, WITH SOME SUGGESTIONS FOR THE IMPROVEMENT OF OUR COUNTY AND STATE SOCIETY MEETINGS.*

J. BOONE WINTERSTEEN, M. D.,
MOORESTOWN, N. J.

The most encouraging feature in the advances of our profession covering the past few years, is that there are less drugs given, either patent or prescribed. And this great forward step toward preventive medicine has been very largely the result of the courageous educational campaign conducted by *Collier's Weekly* and other lay journals with the public, by the *A. M. A. Journal* among our own profession, and, most important of all and in a more concrete and tangible form, by the passage and final enforcement of the Pure Food and Drugs Act by our National Congress.

And here allow me to extend a somewhat tardy, though none the less sincere tribute of highest praise to our colleague, Dr. Harvey W. Wiley, of Washington, D. C., for the successful issue of his fight against tremendous odds in securing the enactment of this epoch-making piece of legislation.

All of these movements have been inspired and led by the broad-minded and progressive regular profession of medicine. But, the significant fact is, that they are *of the people, by the people,* and for their own protection. Each community is becoming alive to the fact that its fate is in its own hands, and that the best medicines are neither physic nor prayer, but *pure food, fresh air, sunshine, pure water* and *personal cleanliness.*

In consequence of our knowledge of its cause, and, as a result of the nation-wide campaign for personal and civic hygiene, the death rate from tuberculosis has declined 10 per cent. in a decade, a saving of 15,000 to 20,000 lives annually in the United States. The infant mortality rate is falling with equal rapidity, which means the saving of 20,000 babies yearly. All of our great cities show a steadily declining death rate and the recent census shows a lower national mortality than ever before by more than 10 per cent.

Our fight against tuberculosis has changed from that against the old bugbear of its transmission through meat and milk to a

*President's address at the Annual Meeting of the Burlington County Medical Society, January 11, 1911.

fight for better food and more of it, more sunshine and a better knowledge of the laws of health. We have subordinated heredity to infection and the place where we look for new cases of tuberculosis is in the same house with old ones. Just as soon, therefore, as we can induce each community to appropriate the funds necessary to promptly and thoroughly isolate each and every case of known tuberculosis until cured, and thus prevent the infection of others, *then, and not till then,* will we be able to *completely* conquer this great scourge. This illustrates most forcibly the vast work that is *still* to be accomplished along educational lines.

We now acknowledge that the common housefly is probably one of the greatest factors in producing typhoid fever. Hence by co-operation with recently organized bodies for its extermination we may hope for a none too distant elimination of this insidious and too-often fatal disease.

The rapidly approaching completion of that greatest engineering feat of our time, and, perhaps of *all* time, the Panama Canal, has been made possible by medical science. Through the martyrdom of Carroll, Lezear and Read, the discovery and identification of the stegomia mosquito as the medium of transmission of yellow fever was established. Through this knowledge, and, by the rigid enforcement of sanitation, our country, Cuba, Panama, the West Indies and Central America are now practically safe from those successive waves of this pestilence, which, in the last century, cost 100,000 lives in our Southern States alone. And the tropics are now open to *white* colonization for the *first time* since the dawn of history.

So, too, pelagra, whose cause we have hitherto merely guessed at, has, under recent investigations both American and foreign, been placed in the group of known diseases. Another remarkable discovery, happily, too, a purely American one, is the notorious hookworm, with the appalling fact that from 15 to 30 per cent. of the rural population of our Southern States is constantly inhabited by this parasite. Twenty-five cents' worth of thymol, a day in bed, with the enforcement of most rudimentary sanitary conditions, will cure it.

The two most recent and probably most scientifically and sociologically important discoveries have been the antitoxin for the cure of cerebro-spinal meningitis and Dr. Paul Ehrlich's so-called "606," the latter made possible by the isolation and identification of the spirochaeta of syphilis by Schaudinn. The first of these, distinctly an American triumph, having been given to the world by Dr. Simon Flexner, of the Rockefeller Institute of New York, has changed the death-rate from 70 per cent. to 10 per cent. of its present fatality. The second, the discovery of Ehrlich, following the Wassermann reaction test, is probably the most valuable of recent years. And though 605 experiments preceded the final successful issue, yet one such success is worth not merely 605 but 6,005 failures.

Reflecting on these remarkable evidences of progress in our profession for the saving of lives and the promotion of the general welfare, the question must occur to us: Are we, members of one of the oldest medical societies in the country, keeping abreast of the advance? The truth is that we are far from doing so, either in county or State society. We are too apt to drift along, follow ancient traditions in the character of our meetings, console ourselves with the mistaken idea that membership, *per se,* in these organizations is sufficient, and rest under the smug self assurance that all these questions of vital importance to us and to our several communities will be solved without any initiative or co-operation on our part. In other words, there is a condition dangerously near *dry-rot* in both local and State societies.

The weak point in our medical organization is the State Society. There is no good reason why it should be a mere *fac simile* of the county society enlarged. Neither is there a good reason why its affairs should be dominated by a coterie of men, already honored by its highest office.

The State Society, in its public sessions, should devote most of its time to the *business* interests of its members, and *reduce* the time now given to scientific matters, as these should be fully taken care of in the county and national associations.

Under the present plan at State Society meetings, practically the work of each day is identical. Papers are read and discussed and *perhaps* some useful post-graduate instruction is acquired by the comparatively few who listen. To a small extent, the social or fraternal feature is cultivated, but, the immensely important subject of economics—and legislative business interests especially—is neglected, or disposed of, in such a perfunctory manner that injury instead of benefit results. We do not find our brethren in the legal profession similarly remiss to their own interests.

Contract and insurance work, public ser-

vices and the collection of fees instead of being relegated to committees who report in the confusion of the closing sessions, should form a *leading feature* of the general sessions.

In recent years, it is a deplorable fact that a large part of the sessions of our New Jersey State Society, at its annual meeting, is utilized by some of its members in an attempt to acquire a sort of political prestige in medical affairs. This is done to the detriment of business and the disgust of those who are familiar with existing conditions and who have no political axe to grind. The present plan of exploiting specialists and featuring their papers as an attraction at the various sessions is also, in my judgment, a pernicious one, since the bulk of our membership consists of general practitioners, with whose business interests the specialist has no sympathy whatever.

In our State Society, therefore, if these changes were adopted, very few of those now practising medicine in the State would be found outside of the society of the school to which they belong. And fewer still would be absent from our annual meetings. The society would then become a tremendous force in legislative affairs affecting itself and the public. A competent commissioner of health, such as Pennsylvania now has, more and larger dispensaries for the diagnosis and treatment of tuberculosis and ample sanatoria facilities for its isolation would become a fact.

In our county society, much should be accomplished, for never has the opportunity for systematic, effective work been so promising. On the other hand, never before has there been so much to do nor so much expected of the physician as there is to-day. As up-to-date physicians we must be interested in many things besides our personal practice. If we are good citizens, we must do everything possible to improve the health of the community; we want to see better schools and better instruction in them, especially in physiology and hygiene.

The education of the public, for the purpose of saving them from their own ignorance should begin with the child in the public school. No county medical society, therefore, is doing its full duty to the public unless the schools of the county are giving instruction to the pupils that is of real value. To this end we should urge on our various boards of education the wisdom and importance of a systematic course of lectures on hygiene, both personal and civic, by a competent physician, delivered at stated intervals, to teachers, pupils and parents. Such a course, properly given, would produce far more enduring results than most of the "frills" of the present curriculum.

Further, no county society is doing its full duty if it has failed to enlighten the public regarding the evils and dangers of the nostrum business, or of the cunning devices of the advertising quack and the traveling fakir. If the public trusts its health and lives in our hands, it will surely take our word here if we are sufficiently positive in our statements to carry conviction, and persevering enough in repeating them.

Finally, since the post-graduate course, as outlined by the A. M. A., has not been found feasible for our widely scattered membership, the following suggestions for the improvement of our meetings are offered:

First—That we increase our meetings from four to six.

Second—That one of these meetings be devoted to medical economics.

Third—That another meeting be open to the public. Only when the public, which is dependent on us for protection from disease, is shown our disinterested motives, can we hope to gain the influence which properly is ours. Also, as a means of securing favorable legislation and appropriations for sanitary purposes such meetings would be invaluable.

Fourth—That we urge (by committee, resolution or some other positive form) upon the proper authorities the importance of the education of the public school teachers on sanitation and hygiene. And that we suggest to them the appointment of a member of the county society to deliver such lectures to the teachers, at their county institutes. This suggestion is both practical and valuable, as such an arrangement would undoubtedly be gladly welcomed and its good effects on both teachers and pupils cannot be overestimated.

No practitioner has made a thorough physical examination of a patient if he has not looked at the teeth; and, if the latter are in a poor condition, the prescription is incomplete without a peremptory order to visit the dentist. It is not enough to say perfunctorily that the teeth should be looked after. If the patient asks "What dentist?" he may be recommended with reasonable safety to any non-advertising man. The advertising dentist will spoil several sound teeth without compunction in order to place a costly bridge, with a sacrifice in the mechanical power of the jaw of over sixty per cent.—New York Medical Journal.

THE BACKWARD CHILD.*

By Carroll H. Francis, M. D.,
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A great deal has been written and said and is being said of the backward child of to-day. Some of these articles are written by over-zealous workers, others are written by the careful observer, while still others are written by the narrow-minded who contend that every case of backwardness is due directly to defective mentality, denying that defective organs in other parts of the anatomy can have any effect upon the mind.

It may have been the intention of the Creator that all human creatures should start the race of life with the same equipment of physical and functional strength, and many generations back in the history of the human family such may have been the case. We, however, see to-day many abnormalities born into existence. Notably, the three-legged boy, Laloo, etc. We would agree that Laloo would have good excuses for backwardness if sent to one of our public schools. Can you imagine the abhorrence and curiosity with which Laloo would be treated by his fellow scholars and teachers? While these are extreme cases and are called forth simply as vivid examples of malformations and persecutions, yet such things are taking place continually in our own schools.

If we agree, and I think we do, that these extreme cases might suffer mental derangement, then to a lesser degree would a milder deformed creature suffer, the degree of debility being dependent on the direct relationship between the abnormality present and the nervous mechanism. Who, then, can determine these relationships, and by what scales of measurement? Is it for us to make direct statements as to the effect of adenoids, enlarged tonsils, cleft palates, delayed dentition, malnutritions, etc., upon the progression or retrogression of the mentality? I do not think we are at present in a position to do this, yet we will most of us concede that each and all of the preceeding abnormalities have some relationship to the nervous economy.

There are cases on record of backwardness and imbecility which have entirely cleared up upon the discovery and removal of teeth abscessed at the roots, adenoids, etc. Many times the cause or causes of backwardness could be found if diligently and conscientiously sought for by the physician.

Retardation of a child's advancement in school is in general terms expressed by a misrelation between the age of the child, and the grades appropriate to that age. It is generally accepted that in the first grade the child is not to be regarded as over age and retarded until he is eight years old. From that time on the child should progress at the rate of a grade a year, although illness or other accidental circumstances may interrupt his progression.

The State of New Jersey has realized the relationship between the child's physical and educational standing. We, therefore, now have medical inspectors in our schools. This is a step forward in the right direction, but the laws are yet too severe, and while the inspectors will accomplish some good, a great deal more might be done if more rigid examinations of the children were allowed. It is not my purpose to dwell upon any one cause of backwardness, but to treat them as a whole.

I shall outline the method of examining children brought to the Psychological Clinic of the University of Pennsylvania for diagnosis and advice.

The family history and the personal history of the child is first obtained. A thorough examination of the child is made by a physician, the throat, ears, eyes, genital organs, reflexes, skin, heart and lungs, bones and joints all receiving careful attention. All irregularities and abnormalities are noted. An expert upon the development and growth of children in relationship to their age, height, weight, muscular development and strength takes them in charge. They are then passed to the psychologist. Careful examination as to the degree of intelligence is made. A consultation is then entered upon, and the results communicated to the child's parents and, through them, to the family physician.

I submit the following typical case:

William Corbett, age 14 years. Residence, Philadelphia. Family history negative.

Past personal history: William was considered uncontrollable; he was *totally* deaf and dumb and at times refused to eat. He was placed in one of the State schools for the deaf and dumb, where he remained for four years. He was dismissed from the institution because of his fits of temper.

*Read before the Camden City Medical Society.

In one of these he was said to have struck a teacher. This he later admitted to us was true and seemed glad of it. He was said to be of unsound mind and uncontrollable. Recommendation was made that he be sent to the Reform School. He was, however, turned over to the Psychological Clinic.

Physical examination: Hair, head and eyes normal; ears small, external auditory meatus of both ears occluded; nose broad at the bridge; palate high; tonsils enormously enlarged; adenoids present. He *seemed* to be absolutely deaf. His general condition was very much below par. He could carry on a conversation with a pencil and paper. His memory span was good for four colors, which is at least normal.

A report of the findings was sent to the institution, but was not believed to be of any importance. The child was still in danger of the Reformatory. He was taken in charge by the University Social Workers.

The substances removed from the ears filled two teaspoons, and consisted of pieces of beans, dirt, etc., probably placed in the ears by himself when a baby. The tonsils and adenoids were also removed.

Upon turning his head and calling into his ear, "What is your name?" he answered immediately, "William." The first and last words he probably heard and spoke when a child of three or four years.

These operations took place on December 3, 1910. On December 5 he could hear the consonants B, G, D, K, and distinguish them by means of a funnel held to the ear. The ear drums were at this time being stimulated by massage. On December 8 he heard and enjoyed a phonograph by standing in front of the horn. He was nearer to an unsound mind at this time, judging from his actions, than ever before.

He showed good behavior while at the hospital, and was much liked. He gave no trouble to the family with which he was placed.

It took a quarter of an hour to teach him to multiply by two figures, and the same length of time to teach him subtraction by two figures. How long did it take us to learn the same? If he was backward, what were we? His hearing improved rapidly. He practiced both speech and hearing by talking into his own ears by means of a tube. On December 17 he could recognize a voice and understand it over the 'phone.

Following are measurements taken before treatments were applied and six weeks later:

	Dec. 8, 1910.	Jan. 23, 1911.
Height	60½ in.	62¼ in.
Shoulder girth	34¼ "	36 "
Right arm contraction	1⅜ "	1½ "
Left arm contraction	¾ "	1¼ "
Upper chest expiration	28¼ "	27¾ "
Upper chest inspiration	30¼ "	31 "
Lower chest expiration	25¼ "	25¼ "
Lower chest inspiration	28¼ "	28¼ "
Waist circumference	23¼ "	25¼ "
Hips circumference	29⅞ "	30⅝ "
Right thigh circumference	16¾ "	17¼ "
Left thigh circumference	16⅞ "	17⅛ "
Right calf circumference	11¾ "	12 "
Left calf circumference	11⅝ "	12 "

He is still under observation and is improving rapidly. His temper has disappeared and he is liked and likes those with whom he comes in contact.

Was this child backward and unruly, was he mentally unsound, or was he simply unfortunate? Who was to blame for his condition, the over-zealous worker or those who believe the adenoids and tonsils could not effect his speech, believing him to be of unsound mind because of his refusal to eat, temper, etc.? How *could* he swallow with occlusion which at times was no doubt almost complete? How *could* he hear with both ears filled with dirt? Most of us are considered somewhat queer and backward by our friends; some of us are possessors of fiery tempers. Fill our ears with debris and choke us with large tonsils and adenoids, and how do you think we would compare with William, whose life was in danger of ruin by a career headed by the Reformatory? Are not all the over-zealous in Pennsylvania justified by the results in William's case, or by at least a minority of successes.

We know what abnormalities are. We are reasonably sure they do no good. Then why not remove them in the hope of improvement to the possessor?

The earliest and ultimate responsibility of the children falls upon their physician, for to his hands are they confided by their parents, and on his judgment reliance is placed, not only to deal with the present, but to detect and remedy conditions and tendencies ere they assume a harmful or serious phase.

Hard foreign bodies in the nose may sometimes be removed, where other means fail, by wiping the cavity and foreign body dry and applying sealing wax attached to cotton.—Amer. Jour. of Surgery.

Clinical Reports.

Opium Poisoning—An Unusual Antidote.

Dr. P. M. Strother reports this case in the Virginia Medical Semi-Monthly, March 24th:

The patient in this case took a two-ounce mixture of tincture of opium and tincture of arnica, equal parts. At 4 P. M., four and a half hours later, her husband found her in a deep sleep, and seeing the empty bottle, immediately aroused her and administered warm mustard water until vomiting was induced. Strother reached her at 4:30 P. M. He found her awake and rational, though very drowsy. Pulse was 136 and small; respiration was 26; the pupils were pin-head in size. She complained only of nausea and vomiting. Strychnin, 1/30 grain, and atropin, 1/150 grain, were given hypodermically, and a cup of hot black coffee by mouth, the latter being soon vomited, but the dose was repeated. During the ensuing three hours, the pulse-rate gradually fell to 120, with better volume, and respiration to 20, when Strother repeated the strychnin, 1/30 grain, omitting the atropin. After another three hours the pulse was 96 and of fair volume, and respiration was 17. At the end of six hours more, the pulse was 68, and respiration was normal. Strother asks: Was the tannin content of the arnica sufficient to antidote the morphin in the laudanum chemically, or did the depressant effect of the arnica on the vagi antidote the opium physiologically?

Successful Direct Massage of the Heart After Apparent Death in Anesthesia.

While Professor Payer, of Konigsburg, was performing a resection of the pylorus for carcinoma, the patient who had withstood one hour of chloroform-ether narcosis without trouble, suddenly went into complete collapse—maximum dilatation of the pupils, cessation of respiratory and cardiac action. Trendelnburg posture, artificial respiration, oxygen and hypodermatic stimulation failed to restore her. When no signs of life were obtained for five minutes sub-diaphragmatic massage of the flabby heart was begun in combination with the other measures. After two minutes the heart grew firmer and a few cardiac and respiratory movements were noted, but when the massage was stopped complete syncope returned. The massage was resumed and the heart responded after one minute. Gradually the heart began to recover, and all the vital functions slowly returned. The patient recovered from the operation.

Sixty-four cases of heart massage are now on record. Of these 13 (23 per cent.) recovered permanently. Of the three methods, thoracic, transdiaphragmatic and subdiaphragmatic, the last has been most successful. To obtain results massage must be begun within five minutes after the signs of apparent death have taken place.

Case of Visceral Lues.

Reported by William Fitch Cheney, M. D., San Francisco, in the California State Journal of Medicine, January, 1911.

In this case there were a clinical history and physical signs in the left pleural cavity indicating the presence of fluid, and upon aspiration 70 ounces were withdrawn. So far the case was perfectly clear and easy. Ordinarily we think first in such a case of tuberculosis of the pleura, but upon further investigation we found nothing to warrant such a diagnosis. The man has continually run a little temperature all the time he has been in the hospital, but we recognized that this might be due to other causes than tuberculosis. Subcutaneous injection of tuberculin was once used in an apyretic interval, but there was no reaction; and we never felt justified in giving the tuberculin again, as there was almost daily a rise of temperature above 100 degrees. However, he was given 1 miligram of Koch's tuberculin with a negative result as regards reaction. In the sputum we were never able to find tubercle bacilli. Another point against tuberculosis is that in looking over the fluid withdrawn from the chest it never showed tubercle bacilli either in cover slips or cultures. In the course of the examination of cover slips from the fluid there were found, however, a number of diplococci resembling pneumococci and we thought we might have a pneumococcus pleurisy, which is common enough; but cultures made from the fluid failed to show pneumococcus present. Consequently we were unable to diagnose the case as one of pneumococcus pleurisy. Furthermore, in Dr. Oliver's laboratory, the cultures made from the fluid showed bacilli resembling in morphology and cultural characteristics the typhoid bacilli; still that was considered uncertain since the blood twice failed to show Widal reaction, and it was especially doubtful as the patient had none of the clinical signs of having ever had, or having now, a typhoid infection. The next consideration was whether the infection were not a syphilitic one. This was a difficult point to decide because while he had a positive Wasserman reaction, the mere presence of the Wasserman does not show that the infection is active in the pleura. However, we put the man upon syphilitic treatment and he steadily improved and the fluid has practically disappeared under this plan of treatment. I present him merely as one of the problems we meet with in clinical diagnosis. To render the diagnosis more positive by inoculation of a guinea pig we attempted to-day to remove fluid, but unfortunately for diagnostic purposes, there is none left in the chest. The patient is still under syphilitic treatment.

Traumatic Diabetes in Children.

Dr. S. Strauss, of Chicago, reported these cases at the meeting of the Chicago Pediatric Society, held January 17, 1911:

I have seen two cases of pancreatic diabetes following trauma. Both patients are alive and well. The first patient, aged 11, was hit by an automobile in July, 1907, and sustained a fracture of the right tibia. In February, 1908, he developed classical symptoms of diabetes. The v. Noorden gruel lowered the sugar output, but produced acidosis.

The second patient, aged 13, fell from a second-story window, striking on his head. There was no evidence of injury. Three months afterward he had symptoms of diabetes. The v. Noorden diet invariably caused acetone to appear in the urine, and the ammonia coefficient was raised. The sugar output varied. The explanation probably is that the patient was sud-

denly switched from an ordinary diet to the v. Noorden diet without giving him a chance to regain his metabolism balance. A more gradual change of diet proved more satisfactory. At no time was there loss of body weight.

Dr. I. A. Abt said: Diabetes in children usually results fatally, but these two cases were a revelation to me. Since then other similar cases have been reported. Of course, this is a different type of diabetes. Epstein showed that in 50 per cent. of these cases the trauma is to the head and in 50 per cent. elsewhere. We are in the habit of thinking that it is easy to produce diabetes if there is injury at the base of the fourth ventricle, yet these cases show that it may occur quite independently of any cerebral lesion. The matter of diet and acidosis was also interesting in these cases. When the patient was put suddenly on a different diet, there was either a rise in the ammonia coefficient curve or an increase in the sugar. When the patient was placed gradually on a different diet, these findings were not noted. It is difficult to feed these children the v. Noorden diet, because it is repulsive, and far from appetizing, but it is marvelous to see the good result when the patient is placed on this diet. The sugar disappears from the urine promptly. An observer in Budapest has reported a large series of cases of alimentary glycosuria in children who had been receiving malt foods. They were believed to be cases of pure diabetes, but when the carbohydrate was withheld the glycosuria disappeared. However, the two cases reported by Dr. Strauss were purely of traumatic origin, and not of the type of fatal diabetes mellitus so commonly seen in children. Dr. H. F. Helmholtz said: We know that the burning of carbohydrates in the body keeps the acidosis down, and when this does not take place, the acetone bodies are excreted in the urine. If carbohydrate is withheld entirely, the burning of fat is interfered with, and beta-oxybutyric acid accumulates in the body, and is excreted in the urine. In order to prevent this, therefore, there must be a burning of carbohydrates in the body. When the patients, therefore, were on the v. Noorden diet, they evidently burned all the carbohydrates given them, and when put on the other diet the sugar reappeared. These were not cases of diabetes where sugar is formed from proteids, so that the sugar found must have been introduced. The fact that the acidosis disappeared is absolute evidence that there were from 50 to 75 grams of carbohydrates being burned during that time. The acedosis is produced by an insufficiency of carbohydrates. When there are no carbohydrates in the body, the fats are burned and produce beta-oxybutyric acid. This acid cannot be oxidized any further, and is split into diacetic acide, and from that into acetone.

A Unique Case of Laceration of the Sphincter Ani.

Reported by A. B. Cooke, M. D., of Nashville, Tenn., in the A. M. A. Journal.

History—February 26, 1910, a boy, aged 7, who lived on a farm, went out to his favorite place behind the corn-crib to attend to a call of nature. While engaged in the act a pet dog, a hound of medium size, came up from the rear and mounting him, effected entrance into the anus and became "accoupled." The child's outcries quickly brought his mother on the scene. The dog had reversed his position and was in the same relation to the boy as is ordinarily seen following sexual intercourse with a bitch. The mother's excitement was naturally very great and in her frantic efforts to disentangle the two she used considerable violence, first with her hand, and finally jerking the dog loose by main strength. When the physician arrived the hemorrhage had practically ceased, but on inspection he discovered that the bowel was lacerated and advised that the boy be taken to Nashville for treatment. He was taken to St. Thomas' Hospital, where I saw him at 10 P. M. the same day.

Examination—There was no bruising of the surrounding parts and little external evidence of injury. Traction on the anus, however, revealed that several lacerations of considerable extent were present. Under general anesthesia next morning the deepest of these was found to be near the middle line posteriorly, extending from a point two inches up the rectum, through the sphincter muscles and out on the skin surface for a distance of approximately one inch. The external sphincter was torn in two places at this site, one tear being complete, the other partial. Anteriorly there was a second laceration into, but not through, the fibers of the sphincter. In addition there were a number of minor tears in the anal margin involving the superficial tissues only.

Operation—Fourteen interrupted catgut sutures were used in repairing the posterior laceration and four in the anterior. The others did not require suturing. The result was entirely satisfactory. Union was prompt and complete and the patient returned home in two weeks with perfect sphincter control.

Primary Sarcoma of the Stomach with Autopsy Findings.

Dr. O. W. H. Mitchell, of Columbia, Mo., reports as follows in the A. M. A. Journal, February 18, 1911.

Sarcoma of the stomach are rare, and, beyond the mention of this fact one finds little discussion of the subject in most textbooks of pathology. Therefore, all cases which are substantiated by microscopical study should be reported so that our knowledge regarding the pathology and symptomatology of this condition may be increased. For these reasons I report the following case:

History—The patient, E. R., a white woman aged 72, was in the services of Drs. J. E. Thornton and M. D. Lewis, of Columbia, Mo., and the following history was given me by the former. The patient's husband died of cancer of the face. She had been healthy until two years ago, when she began to decline. About one year ago she began to suffer pain in the region of the spleen which gradually increased. She had been in bed only about one month. A tumor mass was palpable in the epigastric region. The patient was very anemic but quite fleshy. The clinical diagnosis was cancer.

Necropsy—Woman, well preserved for her age. The hair of the head and pubic was gray. The skeletal system was moderately heavy and the musculature was light. The subcutaneous layer of adipose tissue was quite thick and of a

good color. All of the thoracic and abdominal viscera were normal except the stomach. Involving the pyloris end of the stomach was an annular tumor measuring 5 inches in diameter and ½ an inch thick in places. The diffused tumor was covered with mucous membrane except for a surface measuring about 2 inches in diameter. The tumor was very firm and the cut surface was smooth and glistening white in color. There were no evidences of metastic growths in the lymph-nodes or in any of the organs. Although the patient did not look especially "cancerous" and the gross findings were far from being typical for such a condition, a provisional diagnosis of carcinoma of the pylorus was made. The microscopic examination showed the tumor to be a small round-cell sarcoma. There was little stroma and many mitotic figures were present. In sections showing the mucous membrane the tumor cells could be seen invading the subepithelial connective tissue.

A good article on sarcomas of the intestinal tract with splendid compilation of statistics was written by Corner and Fairbank. In the 178 reports of cases collected from the literature, fifty-eight cancers were of the stomach. There was only one portion affected more, the small intestines. There were sixty-five occurring in this region. Corner and Fairbank found the cases about equally divided as to sex, males twenty-six, females twenty-nine. The most common age was between 40 and 50 years. The youngest patient was 3½ years old and the oldest 78. They found 36 per cent. located at the pylorus. About 60 per cent. of gastric carcinomas are located at the pylorus. The following points given by them might be of value in differentiating sarcoma from carcinoma of the stomach: "The rapid course with marked anemia, the absence of hematemesis or gastric dilatation, the presence of a large tumor, and, possibly, the age of the patient." Of fifteen patients operated on, four were reported living after four, five, twelve and twenty-four months respectively since operation.

Tumors of the Testicle.

Reported by Dr. J. B. Shelmire, in the Texas State Journal of Medicine.

Case—Mr. G., aged 40, was brought by Dr. I. N. Suttle, of Corsicana, August 20, 1908. In June, 1907, he had a fall from a horse, injuring his left testicle and after several weeks it commenced to enlarge. In April, 1908, the tumor was tapped, also in June, a few ounces of fluid obtained each time. The fluid was clear at first tapping, bloody the last. On August 20th, the testicle was half the size of a goose egg, very hard, but painless. Its weight was the only discomfort. Veins of the scrotum were dilated but the cord was not enlarged. A hard mass almost filled the left side of the abdomen, especially prominent and hard below the ribs. It extended to near the median line in the region of the umbilicus. Patient began losing flesh six months before his visit and had lost thirty pounds. The mass in the abdomen was in the mesentery and omentum. As the testicle was causing no trouble at this time I advised against its removal. Knowing that he could live but a few months, I felt that he would pass these few months in more comfort without operation. Early in September he was taken to New York and seen by Doctors Wyeth, Curtis and Coley. Curtis advised doing nothing. Wyeth and Coley advised removal of the testicle and the use of serum treatment. A letter from Dr. Suttle October 15th, said that Dr. Coley had removed the testicle and was using the serum treatment.

No encouragement was offered by Dr. Coley. Two weeks after the operation the patient's condition was growing worse, he was not able to leave his room and could live but a few months. He died in January, five months after the operation. The life of this patient might have been saved by an early operation.

Case—On August 1st, of last year, Mr. W., aged 55 years, came with the following history: Eighteen months before he had two small sores on penis. They healed in two weeks and his physician said they were of no importance. Several weeks after the appearance of the sores he had what the doctors called "walking typhoid." He never went to bed, but had fever most of the time for eight months. I doubted this statement about the fever until I read in a recent work by Keys where he had observed syphilitic fever lasting over six month. During the second month of this fever his left testicle enlarged. There was very little pain. It continued to enlarge for several weeks, and until three weeks befor coming to me there had been no change. During all these months there had been no pain. At this time, three weeks before coming to me, he noticed an enlargement at the upper part of the growth. On his visit the testicle was the size of a large hen egg. At the upper portion was soft nodule the size of a marble, with evidences of inflammation and even suppuration. The testicle was very hard, with no enlargement of the cord or veins, and there had never been any pain. The day before coming to me a diagnosis of carcinoma had been made and early removal of the organ advised. The history of the case and the condition of the testicle pointed strongly to syphilis and he was given the benefit of mixed treatment. Within two months the testicle was of normal size, even the broken down gumma being absorbed without breaking through the skin. This patient has remained perfectly well up to the present time.

Tuberculous Testicle in a Child Aged Six Months.

Cholmeley, in the London Medical Lancet, reports a case of tuberculous testicle in a child of six months. The scrotum was swollen, red and very painful and the condition was supposed to have come on after an injury. Under hot fomentations the condition improved, but recurred later when an exploratory incision was made. At that time the skin covering the left half of the scrotum was much reddened, evidently an inflammatory enlargement of the organ. The cord was thickened, the vas could not be felt. Temperature was normal. Incision was made in the inguinal region and the thickened testicle and distended tunica brought out into the wound. On opening the tunica a quantity of turbid fluid escaped. Under the globus major was a small collection of tuberculous looking pus. The testicle was removed. Two weeks later the child died of broncho-pneumonia following measles. A post-mortem

showed tubercle bacilli in some bronchial glands, left pleura, both lungs, mesenteric glands, and left kidney. Examination of the testicle showed no bacilli, but a clearly tuberculous lesion.

Vaccine in Tuberculosis Conditions.

Reported by Dr. Dunning S. Wilson, Louisville, Ky., in the Kentucky Medical Journal, January 15, 1911.

I should like to report a case illustrative of both autogenous and stock vaccines, in the treatment of tuberculous conditions.

I have a very interesting case in a person of a young woman who has bilateral tuberculosis of the kidneys, and who has been under my care for nearly four years. When she first came to see me she was unable to hold her urine for more than fifteen or twenty minutes at a time, and was hardly able to walk. Now she is at work and practically does not get up at all at night. Her bladder has apparently healed, according to the microscopic findings, and the tubercle bacilli have disappeared from the urine, but she still has a slight rise in temperature and some irritation of the bladder at times. The urine has some pus in it. I have used stock vaccine right along in this case, there being nothing in it but staphylococci. About two months ago I sugegsted that, instead of continuing the use of the stock vaccines, an autogenous vaccine be made. A culture showed the presence of staphylococci and colon bacilli. I have now given her three or four treatments with the autogenous vaccine and her temperature, which has been running along at about 99 degrees, has gotten down to absolutely normal, with a marked cessation in the symptoms.

This is interesting because of the fact that prognosis was made about four years ago, when she was seen in consultation with a surgeon, that she would probably lie about four years. The girl is in better shape now than she has been for six years, and is getting well, I believe. I would not likely say that absolutely, but every indication points to her getting well.

Just a word in connection with the use of vaccines in tuberculous conditions. I think many men lose sight of the fact that, with the tubercle bacilli in pure culture, the body tends to resist its infection and that the infection which follows close upon the heels of the tuberculous condition—the streptococci, the staphylococci, and, in a great many instances, the influenza bacilli, are really the greatest factors we have to deal with. In every case in which I have tried it, the use of vaccines has been followed by amelioration of the symptoms—although every case has not gotten well because some of them were too far advanced. I think it is a matter which should be very carefully looked into, because it will be very illuminating to have the experience of other men along these lines.

Tumor Obstructing an Enormously Dilated Stomach.

Dr. Joseph B. Bissell, New York, cites this case in a paper in the Amer. Journal of Surgery, March, 1911, on the "Indications for Gastro-enterostomy:"

G. S. E., aged 49, a literary man, came to me in August, 1908. He had been suffering for nearly ten years with attacks of acute pain following ingestion of food and vomiting. He had weighed 180 pounds; when I saw him in August his weight was under 100. He had become a morphine fiend and has taken at times as much as 20 grains a day to relieve his pain. The pain, which was in the right epigastric region, and which had originally occurred only after taking food, was, at the time of his visit to me, almost constant. Vomiting followed the taking of small quantities of food or fluid and was almost constant. Recently the pain had become so severe after every attempt at nourishment that he had to resort to washing out his stomach for relief. He had become expert at this and carried a tube around with him for use at any moment. His stomach was enormously dilated and could be mapped out extending almost to the pubic bone. What was thought to be a tumor was palpated extending from the border of the right costal cartilages, well down toward the umbilicus and into the right lumbar region. The diagnosis was made, of chronic ulcer of the stomach or duodenum with large cicatrical deposit; this deposit caused the obstruction at the pyloric end of the stomach. The possibility of malignant growth of the pylorus was also considered.

The patient was sent into the hospital and gastro-enterostomy was performed. The operation was a posterior one and the opening in the stomach was made as close as possible to the greater end of the fundus. In the right hypogastric region and extending in all directions below and to both sides from the pyloric end of the stomach was a large white translucent mass, certainly five inches in diameter, apparently obstructing an enormously dilated stomach. Posteriorly were found numerous nodules in the peritoneum and retroperitoneal tissues. It was thought that the mass was malignant and several small glands were removed for microscopical examination. The pathologist reported that the tissue was simply inflammatory with no evidences of neoplasm in it.

The abdomen was closed, the wound healed kindly and the patient did well and was out of bed at the end of two weeks and back at his business in tow weeks more. All vomiting ceased after the anesthesia was recovered from, pain disappeared and the patient immediately began to gain in weight and presented himself to me recently with no symptoms of stomach or duodenal or alimentary obstruction, after he left the hospital, which was some time ago.

Dr. Bissell says: This case illustrates not only the ease and immunity with which we can enter the abdominal cavity and examine it, do things in it, and close it up again with expectation of rapid healing, but it also represents a very frequent condition of these extensive ulcerations. It shows, too, how easily one may mistake a simple benign for a malignant growth; without question this man had no malignant growth in his abdomen.

Two Specimens of Large Vesical Calculi.

Reported by Dr. Henry Meyer, at the San Francisco County Medical Society, February 21, 1911:

Specimen No. 1—Was taken from a married lady, 34 years of age, with three children. Her bladder symptoms were more or less constant and existed for a long but indefinite period; frequent urination, tenesmus and pyuria were pres-

ent. Cystoscopy showed a large calculus, movable in the bladder, black in color. This calculus measured one and one-half inches in diameter.

February 6 I operated the patient, first with the ordinary lithotrite and evacuated the crystalline covering (which averaged three-sixteenths of an inch in thickness) which surrounded a nucleus which proved to be a foreign body. Cystoscopy then showed a large mass lying in the bladder, green in color, which was broken apart with the operating cystoscope into several masses, and each piece was grasped and removed separately through the urethra with the Nitze operating cystoscope, under the guidance of my own eye. The masses proved to be some variety of wood which is capable of swelling in water; the water in which it is immersed becomes viscid. The green color is due to the absorption of methylene blue which had been prescribed for her. The operation was performed and completed at one sitting; two drams of a two per cent. solution of novacain was instilled into the urethra and the operation was both painless and bloodless. No reaction followed, and the patient was well immediately after the operation and has remained so. She states that she does not know how the substance entered the bladder, and does not know the nature of it.

Specimen No. 2—The debris of a very large phosphatic calculus was removed from the bladder of a married lady, 44 years of age, by litholapaxy. I had no foreign body as a nucleus. This was the most aggravated case of cystitis I have ever seen; it was associated with severe tenesmus, pyuria, hematuria and phosphaturia and the urine was very foul. This patient enjoyed no freedom from pain for several years. She had no control of the vesical sphincter for two years and this loss of control of the sphincter of the bladder was complete under profound narcosis, making it exceedingly difficult to open the lithotrite in a bladder contracted around this calculus, which was two inches in diameter. This patient suffered excruciating pain spontaneously and no instrument could be tolerated in the bladder without a general anesthetic. The operation was completed in one sitting, the patient experiencing great relief as a result of the operation. Three weeks after the operation, while free from most of her pain and discomfort, she had only regained slight use of her bladder sphincter, most of her urine dribbled from the bladder as it did before the operation. The cystitis was gradually subsiding. This was an aggravated case of phosphaturia associated with calculus, and the first case of very large calculus in the female bladder that I have met with in my experience without the existence of a foreign body as a nucleus.

A Gauze Sponge Left in the Skull for Over Six and One-half Years.

Reported by Harry M. Sherman, M. D., San Francisco, Cal. From the California State Journal of Medicine.

On the 29th of October, 1902, I did at St. Luke's Hospital, the Gasserian ganglion operation on a man, aged 65, for a trigeminal neuralgia, from which he had suffered for ten years and which had resisted several operations on the peripheral nerves. The operation was a bloody one, and we had constantly to pack the field with gauze sponges, these being pressed well up under the lifted up brain and dura. At one time the whole of the wound opening had to be firmly packed with gauze sponges and the operative work suspended for fifteen minutes to control the bleeding and permit a satisfactory view of the floor of the skull. The ganglion was located, lifted in vulsellum forceps and clipped out with scissors, and even this had to be done under the surface of a reforming pool of blood. Another temporary packing was resorted to, to finally control the hemorrhage, and then the wound was closed by sutures, a cigarette drain being put into one corner.

The following day the patient had no untoward symptoms beyond a very slight stumbling in pronouncing a few words (the operation was on the left side of the head). The drain was taken out on this day. The second day after the operation found the patient quite free from pain, and the speech normal. Healing and recovery were normal and the cure of the neuralgia was permanent.

In the early summer of 1909, six and one-half years after the operation, a swelling appeared just above and in front of the ear, at the posterior end of the incision. This was opened in the country, discharged some pus and left a sinus which would not heal. He then returned to me in August, 1909, and at the Lane Hospital I slit up the sinus to discover the cause of the nonhealing. In the superficial part of the sinus I discovered a short cotton thread which was not a fresh intruder, and a little deeper I found the corner of a gauze sponge, and pulled it slowly out. Nothing beyond this was found, and a careful search failed to show any bare bone or a sequestrum.

The wound was at first packed with camphorphenol gauze, it contracted to a sinus, and this closed after a few bismuth paste injections.

The gauze had been inside the skull six years, nine months and twelve days. I submitted it to Dr. A. W. Lee for an examination and re reported that no change had come to the cotton filaments in that time.

I submit this staement as it probably represents the longest time of residence of a left-in sponge after an operation. The long immunity from infection after the operation speaks well for the aseptic technic in the St. Luke's Hospital operating rooms at the time of the operation.

Harvey Cushing uses sterile cotton pledgets to check hemorrhage from the brain in his intracranial operations. These are patted on dry over the bleeding points, and when the bleeding stops are removed. Cushing acknowledges that he must leave filaments stuck to the tissues, and says they are harmless. Still they must be, even though small, foreign bodies, and a late hematogonous infection may sometimes occur, as probably happened in my case. Many micrococci might find a happy nesting place under one filament.

Prostatic massage for gonorrheal prostatitis is not limited in its usefulness to chronic cases. In some cases of fairly acute gonorrheal prostatitis the symptoms do not abate until daily expression of the pus by massage is undertaken, and then they subside very quickly. Such a treatment must be undertaken only upon proper indications, however; otherwise employed in acute cases it will cause mischief.—Amer. Jour. of Surgery.

Abstracts from Medical Journals.

Familial Mortality in Children.

Dr. K. Stolte, in Juhrbach fur Kinderheilkunde. Berlin, February, 1911, gives the details in respect to 100 families in which from two to ten children died before reaching the age of six, or still larger numbers died under the age of fourteen. In one family five children died about the end of the third month with diarrhea, although breast-fed and well tended. They were all "nervous" children and a neuropathic tendency seemed to prevail in the children of most of these families. The children in each family succumbed with aparently the same syndrome. Knowledge of such occurrences suggests anti-syphilitic treatment of the parents in case of another pregnancy, if syphilis is suspected. When there is an unusual susceptibility to infections, general measures are useful in prophylaxis, but the physician is practically powerless in the cases where degeneracy is responsible for the lack of vitality.

Diagnosis of Pleuritic Effusions in Infancy.

Dr. D. J. M. Miller, of Atlantic City, in Arch. Ped., 1911, xxviii., 28, says that pleurisy with effusion is a common affection in infants under two years of age. In the vast majority of cases it is purulent. In arriving at a diagnosis, the antecedent affections should be fully appreciated. Of these, pneumonia is by far the most common. While the general symptoms should be carefully weighed and considered, the physical signs are the more distinctive. The most reliable signs, in the order of their importance, are. (1) Exploratory puncture, (2) dullness with a sense of resistance, and (3) displacement of the apex. The other physical signs, so valuable in differentiating effusions in the adult, are uncertain, variable and confusing, and cannot be relied upon in infants. The recognition of localized collections of fluid is especially puzzling, and demands a frequent resort to exploratory puncture or operation in all doubtful cases. The variability of the physical signs is a striking feature in infants and should always suggest an effusion.

Latent Serofibrinous Pleurisies in Children.

Maillet and Gaujoux (Gaz. des. hop., Dec. 24, 1910) says that latent serofibrinous inflammation of the pleura is rather frequent in children, but is often not noticed on account of the lack of prominence of the symptoms. The diagnosis is rather difficult because the slight symptoms do not cause a careful physical examination of the chest to be made. Pleurisy in children is much more likely to become purulent and thus be recognized. The symptoms of serofibrinous pleurisy are slight fever, without pain in the side, the cought being dry and hardly noticeable. If primary there are chilliness, malaise, loss of appetite and slight pain in the side. There is no difficulty in breathing and after a few days the child goes back to his play. Gradually he emaciates and gets weaker. The result is the discovery of the fluid, and its removal by aspiration, with recovery; or gradual absorption of the fluid. In some cases sudden death occurs. Inspection and palpation show deformity of the chest; the heart may be pushed over to the sternum by the fluid; there is absence of respiratory sound, and sometimes a bronchial souffle, or egophony. In some cases it is secondary to infectious diseases, like measles, scarlatina or typhoid. It is much less likely to be due to tuberculosis than when it occurs in the adult.

Mortality During the Early Weeks of Life.

Dr. A. Jacobi, in discussing this subject in the Archives of Pediatrics, January, 1911, says:

If you want to break up the infant mortality of the first weeks of life, see that your young doctors can be made competent and the indigent women supplied with a thoroughly informed midwife. As long as you cannot abolish dire poverty, give no rest to your legislatures, none to your health departments. No infant fit to live must be sacrificed through the absence of a competent and responsible midwife, who is taught enough of hygiene to prevent fatal mistakes and enough to know when it is time to send for a doctor. The women of the nation must be healthy, else the young will be feeble and sickly. But the vast majority of the confined women in the large cities have no time to recover. Tens of thousands get up after their confinement on the third or fourth day to do the washing and the rest. Instead of the two months, which is the shortest period in which the organs can become again normal, a few days are allowed, with scanty food and no attention, and a household to care for. A woman who has not sufficient time to recover will start and retain her pelvic inflammation and decrepitude. Her present child suffers and dwindles and dies; the future ones, if there be any, will be decrepit when born, and are counted, or will be counted, among the stillborn.

Observations on Car Nausea.

Dr. W. McL. Ayres, in the Ohio State Medical Journal, says that in looking over the cases of the past four years, he found that 75 patients gave car sickness as a symptom or sometimes as a chief complaint, and while it was associated in most cases with headaches, asthenopia and stomach trouble, yet it was given prominence by the patient. Stomach trouble was by far the most frequent accompaniment. Before working out the statistics, he had formed the decided impression that the majority of patients would show astigmatism contrary to rule, either simple or compound, and that the proportion was greater in hyperopic than myopic astigmatism. Out of the 75 patients, 30 had plus astigmatism contrary to rule and 31 had plus astigmatism with the rule. Only 58 were contrary to rule, or 51 per cent. of the patients with astigmatism against the rule had car nausea while only 3 per cent. of those having astigmatism with the rule complained of it. In myopic astigmatism, both simple and compound, the proportion is decidedly less, and in the few cases of minus astigmatism contrary to rule, only one-fourth of them complained of car sickness, or just one-half as many as found in plus astigmatism contrary to rule. Car sicknes was found in every case associated with astigmatism with or without some other forms of ametropia; it was found in mixed astigmatism and it is to be noted also that 55 per cent. of those unusual cases which had astigmatism with the rule in one eye and against in the other complained of it. The adjustment of correct lenses cured the nausea in many cases completely, other cases reported nearly com-

plete cure, with only occasionally a feeling of nausea on the train, and in every case benefit was derived from the lenses, for not only did the train sickness disappear, but with it in most cases the vertigo, the headaches, the asthenopia and, better still, the stomach trouble.

Recent Studies of the Interrelation Between Diseases of the Nose and Accessory Sinuses and Diseases of the Orbit.

Dr. C. Adam, Berlin, in Medizinische Klinik, 1910, No. 49, says:

It is now a well-established fact that diseases of the orbit—both inflammatory and non-inflammatory—are but rarely primary in the orbit. Their source is usually the nose or one of its accessory cavities.

Suppuration of the frontal and anterior ethmoidal sinuses may lead to orbital cellulites, periostitis, etc.; whereas suppurative posterior ethmoiditis may result in retrobulbar neuritis, optic atrophy, disturbances in the functions of the orbital muscles. Even in the presence of long-standing dacryocystitis the accessory sinuses should be studied if orbital complications are present.

Infectious meningitis, with fatal issue, has recently been described by a number of authors as the terminal complication of pansinusitis. Such cases may present unilateral exopthalmos, retrobulbar neuritis, etc. Krauss has reported two fatal cases of ethmoidal suppuration in children —exophthalmos, edema of the lids, or orbital periostitis, followed by pyemia, being the course of events.

Nager has called attention to the not infrequent suppuration in the accessory sinuses as a complication of scarlet fever. These cases commonly lead to the formation of orbital abscesses that may spontaneously rupture in the neighborhood of the tear-sac.

Diseases of and especially tumors in the sphenoidal sinus may lead to paralysis of the eye muscles supplied by the third, fourth or sixth nerves, as well as to orbital and conjunctival hemorrhages from pressure-necrosis of blood-vessels. Such lesions may also result in retrobulbar optic neuritis or atrophy.

Insanity Among Brain Workers.

From the Vienna Letter in the Medical Record, March 18, 1911.

Dr. Koloman v. Pandys, head physician of the public insane asylum at Lipotmezo, has investigated the causes and the progress of mental diseases among physicians and other intellectual workers. He examined the medical histories of 12,000 insane men. Paresis was the dominant affection. Of the insane physicians over forty years of age, 77 per cent. suffered from paresis, while this was found in insane lawyers to the extent of 89 per cent. In the course of the last forty years eleven actors had been admitted, all suffering from paresis. Of officers over thirty-six years old, 94 per cent. suffered from paresis, while those under thirty-six years furnished 75 per cent. Under the age of thirty-six years, of the physicians 29 per cent., of the judges 60 per cent., and of the musicians 26 per cent. suffered from paresis. It was found that at this age, in comparing the brain-workers with the common people, the former had 31 per cent. and the latter only 12 per cent. suffering from paresis. Above the age of thirty-six the relationship was different; the brain-workers showing 72 per cent. and the rest of the population 75 per cent. With respect to the excess of paresis the investigations of Pandys as to its etiology are of particular interest. In doubtful cases the Wassermann reaction proved that these were undoubtedly of syphilitic origin. The remarkable frequency of paresis among brain-workers is attributed to their greater opportunities for venereal excesses and the acquisition of lues. Paresis was found most frequently in cases in which the original syphilitic infection was treated but slightly or not at all. In the non-paralytic cases alcoholism was the causative factor in the following percentages: physicians, 9; lawyers, 15; judges, 41; architects, 30, and musicians, 33. The elimination of lues and of alcoholism would have saved 53 per cent. of Hungarian intellectual workers from insanity.

Dr. B. Spiethoff Reports on Salvarsan.

Dr. B. Spiethoff, in Munchener med. Woch., January, 1911, reports a second case of collapse several hours after injection of salvarsan. His first case was mentioned in these columns October 8, 1910, page 1331. In the second case the collapse occurred during the daytime, five hours after an intravenous injection of 0.45 gm. in an alkaline solution. The danger was promptly recognized and stimulants applied, soon restoring the patient, a robust young woman, in the second stage of syphilis. In the other case the collapse occurred in the night after subcutoneous injection, and nothing was known of it in time. Since then Spiethoff has made the injections exclusively in the morning. The heart was not quite normal in either of these cases, but the collapse, he believes, was unmistakably the result of arsenic intoxication. His experience with salvarsan in 200 cases of syphilis confirms, he thinks, the advantages of the Iversen technic, first intravenous and then after four days a subcutaneous injection, with another intravenous injection four weeks later. Great attention must be paid to the heart both before and after the treatment and tobacco and alcohol must be avoided for a time. One young man attended a party eight days after injection of 0.6 gm., and he drank a great deal and smoked cigarettes, neither of which had ever previously affected him. But the next day acute heart weakness developed with which he had to contend for weeks.

Salvarsan—Otologic Findings—After Its Use.

Dr. Beck, in Munchener med. Woch., January 17, 1911, reports over a hundred syphilitics examined after receiving salvarsan treatment and says that the findings confirm the fact that changes in the internal ear may be observed after taking the drug. All the patients examined had been referred to the university otologic clinic in charge of Urbantschitsch, on account of complaints in regard to their ears. In one case an otitis media, rebellious to all treatment for several months, healed completely nine days after injection of the salvarsan. In three other cases both the labyrinth and vestibule were evidently affected, the symptoms not coming on until five, seven and nine weeks after the injection of salvarsan; the Wassermann reaction was

negative. None of these patients had ever had attention attracted to the ears before. There had been little change for the better in these patients during the three weeks to date of writing. The syndrome in one case was that of typical Meniereiform cerebral polyneuritis. In another case the vestibular nerve was alone affected without any subjective vestibular symptoms and there has been no change to date; the symptoms developed four months after the injection of the salvarsan and have remained unmodified to date. Beck thinks that this case speaks for a toxic action of the drug on the vestibular nervous apparatus similar to that which Rothig found in mice after treatment with arsacetin. Symptoms like those presented by this patient have been observed in untreated syphilis, but they almost invariably show a decided tendency to retrogression while in the case reported they have persisted. He knows, however, of a similar persisting syndrome in a case in which no salvarsan had been given. He adds that ear affections in untreated syphilis are comparatively rare while they have become unusually common since the introduction of salvarsan. The syndrome observed in his cases was like that in Rille's three patients developing over ten and twelve weeks after the injection. Beck thinks it probable that persons whose ears are not entirely intact before taking the salvarsan are more liable to develop these nervous symptoms in the organ of hearing.

Heart Disease and Syphilis.

Dr. V. Bie, in a paper on "Connection Between Syphilis and Heart Disease," in Ugeskrift for Laeger, Copenhagen, March 9, 1911, expresses his conviction that the frequency of syphilis as the casual factor of heart disease is underestimated. In his experience he found among eleven tabetic patients that one had well-defined insufficiency of the aortic valves and another the same in a milder form. Among seventeen patients with aneurysm of the aorta he found unmistakable evidences of syphilis in fourteen, that is, in 82 per cent. The Argyll-Robertson sign was positive in five of the sixteen examined and the knee-jerk was absent in three in this group as also in two others. In short, seven of the sixteen patients with aneurysm of the aorta presented unmistakable signs of incipient tabes. Analysis of the hospital records shows, he continues, that the knee-jerk was absent in 27 of 511 patients under treatment in the last two years. In this group of twenty-seven, eight had tabes and three dystrophy of the muscles, alcoholic neuritis or paraplegia. The remaining sixteen patients had either pneumonia or malignant disease of the stomach, with the exception of a child with mitral stenosis and a woman with chlorosis. Examination of the total pneumonia records showed that the knee-jerk was absent or feeble in 49 per cent. of the patients; this demonstrates that pneumonia alone is liable to abolish the knee-jerk. In the twenty-three cases of aortic valvular defect there was a history of acute articular rheumatism in nine, and of tabes in three, while there was a history of syphilis in four others. Only one of the seven patients with aortic insufficiency for which no explanation was evident was of an age to suggest the possibility of syphilis; the others were near or under 20. Similar analysis of the group of eighty-five patients with myocarditic or coronary disturbances showed that eleven were certainly and four probably syphilitic. Among the 187 cases of mitral defects at the hospital in the last ten years, acute rheumatism or chorea was known in the history of 120 of the 160 examined, and scarlet fever, pneumonia or puerperal fever in some of the other cases, but nothing of syphilis except in one case. The average age of the patients with mitral defect was 30, while with syphilitic aortic disease it was 42, for aneurysm of the aorta, 50, and for syphilitic myocardium trouble, 52. There is thus an interval of nearly fifteen years between the clinical development of these affections on a rheumatic and a syphilitic basis. It seems evident that syphilis attacks preferably the aorta and myocardium, while it spares the mitral valve. The connection between tabes dorsalis and heart disease in syphilitics is evident from the aortic disturbances so frequently noted in patients with tabes but still more by the frequency of symptoms of tabes observed in the course of heart or valvular affections, the absence of the pupil reflex in particular. The facts observed suggest, Bie thinks, that the heart affections in question are more closely allied to the paralyphilitic than to other kinds of late syphilitic affections.

Clinico-Pathologic Data on Bladder Tumors.

Dr. Lincoln Davis, Boston, in the Boston Medical and Surgical Journal, February 6, 1911, gives a paper on the above subject, of which the following is an outline:

In only twenty-eight of forty-one cases of tumors of the bladder collected from the records of the Massachusetts General Hospital by Davis were microscopic examinations of the specimens recorded. Twenty-five belonged to the epithelial group, two were sarcomata, one was a myoma—showing a great preponderance of epithelial tumors. Seventeen of the specimens of epthelial tumors which had been preserved were personally studied; six of these showed satisfactory evidence of epithelial infiltration of the bladder wall and were classed as carcinomata; eleven, or nearly two-thirds, were regarded as papillomata. Thirty-seven patients were operated on; in nine the operation resulted fatally within a month, giving an operative mortality of 25 per cent. In none of the malignant cases was a radical operation, as it is now understood, attempted, but merely such palliative measures as curettage, cauterization and partial removal resorted to, with the result that death from the disease occurred in every case within six months.

Of the twenty-eight patients who survived the operation, twenty-six were traced. Fourteen, or just 50 per cent., died of the disease, one of these surviving for five years in spite of repeated recurrences before finally succumbing. Twelve patients, including those who died of other diseases, had no recurrence so far as could be learned. Nine are known to have survived the operation one year. Seven survived the operation two years. Five survived the operation eight years. Three of the latter died of other diseases, leaving two patients living and well at the time of the report, respectively eight and ten years after operation. Of the five patients who survived for eight years, in only three were

there pathologic reports on the specimens removed; one was a myoma, two were papillomata. Of the eight cases of papillomata in which the specimens were personally studied by Davis, one patient died as the direct result of the operation, one died of intercurrent disease eighteen months later without evidence of recurrence, one died two months after secondary operation for recurrence, one five years later of recurrence. One patient reported perfect health one year after operation, but has not been heard from since. One patient cannot be traced; one patient is well eight years after operation. One patient operated on in 1892, and again in 1897, for recurrence, has remained well up to the present time, thirteen years since the second operation. Davis has operated on fifteen patients. Nine had papillomata. Three were cases of cancer of the nodular, infiltrating kind. There was no operative mortality in these fifteen cases. Transperitoneal cystotomy was done in five cases, and simple suprapubic cystotomy in ten.

Operations on the Stomach.

Dr. H. Kuttner, in Therapie der Gegenwart, Berlin, comments on the exceptional prevalence of gastric cancer in southeastern Germany; in the last three years the surgical clinic at Breslau in his charge has had 426 patients with certain gastric cancer and 258 suspects, with 130 with non-malignant surgical gastric affections. About 30 per cent. of the cancer patients had suffered for years from stomach trouble, while the others had noticed gastric symptoms only for less than six months. In 10 per cent. of the cases there had been no pain; in 20 per cent. no vomiting; in 7 per cent. no loss in weight—usually the patients had lost from 20 to 30 pounds. In a very few cases there had been nothing to attract attention to the stomach, the patient complaining merely of lassitude and loss of weight. In 31 per cent. the palpation findings were negative. There was no hydrochloric acid, or merely traces, in 73 per cent.; lactic acid was noted in 57 per cent., and traces of bleeding in only 61 per cent. In a few patients both the motor and secretory functioning of the stomach seemed to be entirely normal. He performed a radical operation in 102 cases, using the Billroth II. technic and Murphy button, silk sutures and plastic re-enforcement of points exposed to special stress. The immediate mortality was 24 per cent. mostly from defective suturing or complications on the part of the lungs, pneumonia or cachexia. To date, after an interval of from one to three years, 37.5 per cent. of the patients are still living; the proportion of cured after three years was 30 per cent. in his previous series. Nearly half of the patients who had gastro-enterostomy done for a callous gastric ulcer have succumbed since to gastric cancer, and only 16 per cent. are still in good health of those whose condition is known.

Primary Sarcoma of the Appendix.

Dr. E. O. Jones, of Seattle, Wash., at the annual meeting of the Western Surgical Association, at Chicago, December, 1910, said that primary sarcoma of the appendix was an extremely rare condition. He detailed a case on which he had operated successfully, and then drew the following conclusions: 1. An accurate diagnosis before operation appeared to be impossible. In every case the symptoms were those of some type of appendicitis. 2. Pathologically the round-cell sarcoma predominated, next to this the spindle-cell type. 3. Inflammatory changes either chronic or acute very frequently accompanied the growth. 4. The immediate prognosis and prospect of freedom from recurrence were very good. 5. The fact that primary sarcoma of the appendix that took its origin in an inflammatory process occurred formed a very strong additional argument for the removal of all appendices which showed evidences of inflammation.

Dr. A. E. Hertzler stated that he had no hesitation in referring to this case as one of desmoid of the appendix, because he did not know what a desmoid was, and he did not know the nature of the appendix the essayist removed in this particular case. It was common to have microscopic pictures in these chronic gut inflammations which looked very much like sarcoma; hence the greatest care possible was necessary to make the differentiation.

Dr. S. C. Beede, of David City, Neb., said before hearing Dr. Hertzler's remarks he was under the impression that primary sarcoma of the appendix was a surgical curiosity, but now he was not sure that it was even a curiosity. Ever since Warren reported his case in 1898 there had been considerable investigation carried on with a view to finding malignant disease of the appendix. In the department of pathology of St. Mary's Hospital, Rochester, Minn., of 5,000 appendices removed for disease, there were only 22 cases of carcinoma of the appendix, and not a single case of primary sarcoma of the appendix developed.

Nervous Disturbances following Surgical Operations and Anasthesias.

The following is a part of the discussion of this subject at a meeting of the College of Physicians of Philadelphia, held November 2, 1910, as reported in the A. M. A. Journal:

Dr. S. Weir Mitchell: In a case of grave hysteria following operation we must consider the patient as a loaded gun, and that the surgeon merely pulls the trigger. The proper man might know that the gun is loaded. This raises the question whether it is not desirable in many cases to prepare the patient for the operation more often than our surgical brothers seem to think is needed. Not only the risks of death are to be considered, but the possibility of increasing a preceding condition of disease. Many physicians have felt that there is necessity for more strictly dealing with the before and after of surgical cases. Sir James Paget never did a grave operation on the bladder without putting the patient under a fortnight of milk treatment. I am tempted to say that no operation ought to be done without obedience to the rule in St. Bartholomew's Hospital in London, that no surgeon should ever dare to operate on a patient except after consultation with two physicians.

Dr. J. Chalmers DaCosta: All sorts of mental disturbances may follow a surgical operation. It is certain that genuine insanity may arise after an operation, though it is rare. Postoperative insanity is more common in women than in men and less common in children than in adults. Contributory causes are pain, in-

somnia and shock. In all cases of post-operative insanity there is predisposition, hereditary or acquired. A normal, stable brain will probably never go insane after operation unless that operation attack the brain, testicles or ovaries. The anesthetic is usually the exciting cause in insanity coming on immediately after the operation. The commonest type of postoperative insanity is confusional insanity. Fear and worry are two important causal factors. Anteoperation fear may become a postoperative phobia; yet, I do not believe that fear or sudden fright is usually responsible for post-operative insanity. Most people go to the operating room with reasonable calmness; many with heroic courage, and some with satisfaction at the prospect. Delirium may be mistaken for insanity, and is far more common, from intoxication or infection, than organic brain disease. The entire subject of postoperative psychoses is one of extreme interest and importance.

Dr. Howard A. Kelly, Baltimore: Postoperative psychoses I believe are due to the mental shock of the operation per se and not necessarily to any particular kind of operation. The duration and severity of the procedure are minor factors. The condition is due rather to the attitude of intense expectancy, even of dread, inspired by a new and untried force with which the patient feels she has to cope. It is important that the physician should be able to inspire the patient with confidence sufficiently to enable her to feel that he is a moral support. The conditions after operation should be as natural as possible and the patient should be out in the sunlight upon the porch when practicable. Treatment should be prophylactic in determining the predisposing factors. The utmost care should be taken to minimize the unpleasantness of the operation.

Dr. Edward Martin: I think every surgeon feels that when Dr. Mitchell said "the surgeon pulled the trigger," he practically covered the whole subject. We do not recognize that a perfectly healthy individual in good mental health can be made insane by any form of surgical intervention practiced at the present day. We do recognize certain postoperative mental disturbances as rather common. We see the type of depression which we call "hospitalism" of which the patient is cured by being sent out of the hospital. We see the type of homesickness and again the patient is cured by being sent home. We do not see the type in which the patient is depressed by the thought of loss of organs, and broods on a physical deformity.

Dr. S. Weir Mitchell: The question arises concerning the result of the use of local anesthesia which has become so fashionable in some circles. I hear of abdominal operations done under local anesthesia. I think to have the interior of one's abdomen exposed to one's own view would tend as much as possible to produce some of the insanities of which we have been speaking. It is a fact that occasionally insanities have been cured by grave operations. One such case was an amputation. Another was an attempt on a man's part to cut his throat. The man bled almost to the point of death, but his life was saved, and he recovered from his insanity. I do not recommend the method. I have seen many cases in which sudden delirium or sudden delusion followed instantly on a gunshot wound. One case was that of a colonel who, after being shot, cried to his men to run, that the rebels were on them. He fell on his face, was delirious for some time, but after amputation of his arm, he returned to the regiment that evening. Another case was that of an officer in the Mexican War, a man of well-known courage. A ball struck his heel; he limped up and down the line calling to his men to run, that everybody was going to die, and for hours he was in a condition of the wildest maniacal excitement. This passed away within forty-eight hours. He asked for a court of inquiry, which, of course, was denied a man so well known for courage.

Reports from County Societies.

ATLANTIC COUNTY.

Walt Ponder Conaway, M. D., Reporter.

The April meeting of the Atlantic County Medical Society was held at the Hotel Windsor on Friday evening, April 7th, at nine o'clock, with the president, Dr. E. H. Harvey, in the chair. Twenty-eight members were present and several guests.

After the usual routine of business was transacted a most interesting scientific program was rendered.

Dr. Charles W. Burr, of Philadelphia, read a very instructive paper, entitled "The Diagnosis of the Insanities of Youth."

Dr. Alfred Gordon, of Philadelphia, read a paper on "The Diagnostic Value of Reflexes."

Both papers were discussed by several members and guests.

The secretary read an invitation to the members of the society to attend the sessions of the American Gynecological Society, which meets in Atlantic City on May 21, 22 and 23.

At the conclusion of the meeting, refreshments were served in the grill room of the hotel.

BERGEN COUNTY.

F. S. Hallett, M. D., Reporter.

The regular annual meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, April 11, 8:15 P. M. The following officers were elected for the ensuing year:

President, Dr. George H. Ward, Englewood.

Vice-President, Dr. Frederick C. Bradner, Englewood.

Secretary, Dr. Frederick S. Hallett, Hackensack.

Treasurer, Dr. Frank Freeland, Maywood.

Reporter, Dr. F. S. Hallett, Hackensack.

Dr. T. H. Dexter, New York City, was the guest of the evening and read an interesting and instructive paper on "Surgical Vaccines." The doctor has promised a copy for the State Journal.

Dr. J. J. Haring, of Tenafly, also read a brief paper of interest on "Certain Medicinal Agents; Their Value, Potency and Danger," a copy of which is inclosed herewith.

BURLINGTON COUNTY.

George T. Tracy, M. D., Secretary.

The April meeting of the Burlington County Medical Society was held at "The Inn," Browns-Mills-in-the-Pines, on Wednesday, April 12th, at

12 o'clock noon. The application for membership of Dr. D. F. Remer, of Medford, was received and referred to the Board of Censors.

Dr. Alexander Marcy, chairman of the Section on Practice of Medicine, announced the following program: "The Present Status of Serum Therapy," by Dr. Peter Boysen; "The Practical Application of Serum Therapy in the Prevention and Treatment of Diphtheria and Typhoid Fever," by Dr. Joseph Stokes; "The Practical Application of Serum Therapy in the Diagnosis and Treatment of Tuberculosis," by Dr. Enoch Hollingshead. The discussion, led by Dr. R. H. Parsons, proved instructive and interesting. Dr. D. B. Ulmer, of Philadelphia, a guest of Dr. Wintersteen, added to the discussion some special points on the technique of vaccine therapy and "Salvarsan." As the guests of Dr. Melcher, Dr. W. A. Davis and son, Dr. Albert Davis, of Camden, were cordially welcomed by the society.

The committee appointed at the annual meeting to follow up some recommendations in the president's address, presented the following amendments to the by-laws:

"Section 2—The regular meetings of this society shall be held on the second Wednesday in January, March, April, June, September and November, at such time and place as may be designated at the previous meeting.

"Section 3—The meeting in January shall be devoted to General Medicine; that in March to Medical Legislation and Economics; the meeting in April shall be known as the annual meeting, at which all officers shall be elected; the meeting in June shall be devoted to Surgery; that in September to Hygiene and Sanitation; that in November to Obstetrics and Diseases of Women and Children.

"Chapter III., Section 1—The officers of the society shall be elected at the April meeting in each year, which shall be known as the annual meeting."

During the business session of the society the members' wives were entertained by a visit to the International Chicken Farm, after which they joined the members at dinner.

The society adjourned to meet at Moorestown, on Wednesday, June 7th, at 12 o'clock noon.

CAMDEN COUNTY.

At the sixty-fifth annual meeting of the Camden County Medical Society, which was held, April 25th, at the City Dispensary, 729 Federal street, the following were elected:

President—A. Haines Lippincott.
Vice-President—John K. Bennett.
Secretary—Daniel Strock.
Assistant Secretary—Alexander S. Ross.
Treasurer—William H. Pratt.
Reporter—Albert B. Davis.
Historian—Alfred Cramer, Jr.
Censor—John R. Stevenson (1916).
Trustee—H. Genet Taylor (1914).

Committee on Scientific and Lirterary Work—Paul H. Markley, chairman; J. Watson Martindale, Alexander McAlister.

Legislative Committee—William A. Wescott, William H. Kensinger, Marcus K. Mines.

Committee on Arrangements—Paul M. Mecray, chairman; Roland I. Haines, Thomas B. Lee.

Annual Delegates to the Medical Society of New Jersey—William B. Jennings, Sylvan G. Bushey, William C. Raughley, John J. Haley.

Delegates to Gloucester County Medical Society, John F. Leavitt, E. M. Richardson, E. A. Y. Schellinger; Burlington County Medical Society, J. Anson Smith, Jennie S. Sharp, J. Edgar Howard; Salem County Medical Society, Walter S. Bray, Adrienette L. Le Fevre, Frank B. Cook; Cumberland County Medical Society, Horace L. Rose, Lettie Allen Ward, Milton M. Osmun.

CAPE MAY COUNTY.

Eugene Way, M. D., Secretary.

The twenty-seventh annual meeting of the Cape May County Medical Society was held on April 11, 1911, at the Hotel Bellevue, Cape May Court House.

The time was profitably spent in reporting and discussing interesting cases. A resolution condemning "Lodge Contract Practice" was unanimously adopted. Tuckahoe was selected as the next place of meeting, at which time papers will be read by Drs. V. M. D. Marcy and J. M. Dix. Five new members were elected.

The following officers were elected: President, Dr. Margaret Mace, Anglesea; vice-president, Dr. C. W. Way, Ocean City; secretary and reporter, Dr. Eugene Way, Dennisville; treasurer, Dr. Randolph Marshall, Tuckahoe; censors, Dr. A. L. Leach (1912), Dr. D. W. Blake (1913), Dr. H. H. Tomlin (1914); permanent delegate, Dr. Randolph Marshall; annual delegate, Dr. John S. Douglass; alternate, Dr. Julius Way.

At the next meeting a banquet will be held at the new Hotel Kirschoff, at which the wives and the sweethearts of the members of the society will be invited to participate.

CUMBERLAND COUNTY.

John H. Moore, M. D., Reporter.

The annual meeting of the Cumberland County Medical Society was held at the City Hotel, Bridgeton, April 11th, 1911, Dr. Alfred Cornwell, of Burlington, in the chair. Dr. Charles P. Noble, of Philadelphia, who was expected to present a paper on a subject selected by himself, was unable to be present. The proceedings consisted chiefly of reports of clinical cases by members of the society and visiting delegates. Among those reporting cases were Drs. Carpenter and Davis, of Salem; Drs. Sewall and Charlesworth, of Bridgeton, and Dr. Miller, of Millville. The following officers were elected for the following year:

President, Dr. F. F. Corson, Bridgeton.
Vice-president, Dr. J. W. Wade, Millville.
Treasurer, Dr. Joseph Tomlinson, Bridgeton.
Secretary, Dr. H. G. Miller, Millville.
Reporter, Dr. I. E. Charlesworth, Bridgeton.

The usual delegates and committees were appointed as follows:

Legislative Committee—Dr. E. S. Corson, Bridgeton; Dr. Joseph Tomlinson, Bridgeton; Dr. H. G. Miller, Millville.

Member of Board of Censors—Dr. S. T. Day, Port Norris.

Committee on Program and Entertainment—Drs. E. S. Corson, Bridgeton; Joseph Tomlinson, Bridgeton; J. H. Moore, Bridgeton.

Annual Delegates to State Society—Dr. Alfred Cornwell, Bridgeton; Dr. F. V. Ware, Millville.

Delegates to Salem County Medical Society —Dr. M. F. Sewall, Bridgeton; Dr. W. P. Glendon, Cedarville; Dr. F. V. Ware, Millville.

Delegates to Gloucester County Medical Society—Dr. J. H. Moore, Bridgeton; Dr. E. S. Corson, Bridgeton; Dr. C. W. Wilson, Vineland.

Delegates to Camden County Medical Society —Dr. M. K. Elmer, Bridgeton; Dr. Joseph Tomlinson, Bridgeton; Dr. H. G. Miller, Millville.

The next meeting will be held at the Baker House in Vineland, next July.

ESSEX COUNTY.

Frank W. Pinneo, M. D., Reporter.

The annual meeting of the Essex County Medical Society was held Tuesday evening, April 4, 1911, at the New Auditorium, Newark, the president, Dr. Samuel E. Robertson, in the chair.

The Committee on Scientific Meetings reported, through Dr. C. D. Bennett, chairman, six meetings, with addresses, during the year, as follows:

May 9, 1910, Mr. James Taylor Lewis and Assemblyman Ramsay, on "Medical Practice Legislation;" November 22, 1910, Assistant Surgeon Henry J. Nichols, U. S. A., on "Pellagra;" January 10, 1911, Dr. Lawrence F. Flick, on "Tuberculosis;" January 24, 1911, Dr. C. W. Stiles, on "Hook-worm Disease;" February 21, 1911, Dr. H. H. Rusby, on "The Physician and the Pharmacopœia;" March 14, 1911, Dr. John F. Erdman, on "Surgical Aspects of Gastric Carcinoma."

The treasurer, Dr. F. C. Webner, reported receipts for the year, $1,154.75; disbursements, $1,172.80; balance on hand to-day, $410.88. Necessary dues for the ensuing year, $3.

During the year 27 new members have been elected. These names have been published in the current reports of the year's meetings.

The secretary's expenses to the State Society meeting were ordered to be paid by the treasurer.

The subject of county representation in the State Society was again debated, as previously during the year, and the desire of the county society further expressed in instructions to the annual and permanent delegates to the coming State Society meeting to vote for the following amended by-law:

"On the first day of the annual meeting the president shall ask all delegates present from each component society to meet at the close of the first session to elect members of the Nominating Committee, one member for each component society and one additional member for each fifty members or major fraction thereof composing such society and to notify the recording secretary of the members so elected; and these members, together with the Fellows, shall constitute the Nominating Committee."

Dr. Robertson delivered a very interesting president's address on "Glimpses of Medical History," reviewing many of the recent notable advances in medicine and how they more than fulfilled prophecies of a half century ago. The address was ordered sent to the editor of the State Journal for publication.

The Committee on Necrology, through Dr. Archibald Mercer, offered an obituary on Dr. Charles J. Kipp, which is sent herewith for publication. The eminence of Dr. Kipp as a high-minded citizen and an honored member of the medical profession, in his personal work and county, State and National societies, merits full recognition.

The Committee on Tuberculosis, through Dr. H. W. Lang, offered a report summarizing the work done in Essex County, and it was ordered sent to the editor of the State Journal for publication.

The subject of legislation elicited much discussion and many suggestions, the bill recognizing osteopathy with full medical practice rights, and no State control of licensure except by themselves, having that day been defeated in the Asesmbly. The ultimate expression for action was in recommittment to the Committee on Legislation, suggesting efforts to get the co-operation of the State Society committee toward amending the Ramsay bill so that these things would be in it embodied: (1) The support of the whole medical profession, (2) proof to the legislators that our contention was not against a form of practice, but inadequate preparation, (3) maintenance of present educational standards, yet allowing any honestly practiced therapeutics.

The president announced the appointment of the following annual delegates to the State Society: Drs. W. D. Mitchell, John S. Moore, Clement Morris, John B. Morrison, S. A. Muta, F. C. Nadler, A. B. Nash, W. S. Nash, C. R. Neare, E. D. Newman, Anne B. Newton, W. C. Noble, Henry N. Nolte, Ralph Opdyke.

For reporter he announced the reappointment of F. W. Pinneo (in spite of the latter's request to be relieved) and, on motion, the action was confirmed.

H. J. F. Wallhauser was elected president, T. N. Gray vice-president, Ralph H. Hunt, secretary, F. C. Webner treasurer, E. Z. Hawkes and H. W. Long members of council.

The following nine were the new members elected: Drs. Fred A. Sutton, Orange; Fayette E. Hubbard, Montclair; Paul F. Sondern, Montclair; Edgar Alexander Ill, Newark; C. J. Hailperin, Newark; William Palmer Patterson, Newark; Otto George Matheke, Newark; William Henry Washington, Newark; Joseph E. Sheean, Orange.

The Essex County Medical Society's free lectures on health—one every three weeks at the Public Library building—elicit much interest in those who attend, and the attendance is increasing as this propaganda of the American Medical Association for "medical lectures for the people" becomes better known. A remarkable audience of 140 gathered April 10th, when Dr. C. C. Beling delivered an admirable address, illustrated with stereopticon views, on the nervous system and its nervous and mental diseases and their prevention. The next lecture in this course will be by Dr. T. N. Gray, Monday, May 1 ,on The Social Evil and Its Effects on Public Health.

Essex County Pathological and Anatomical Society.

Frank W. Pinneo, M. D., Reporter.

At the regular monthly meeting, April 13, the following were the cases presented:

1. Sarcoma of Larynx, by Dr. F. C. Horsford.

2. Fibroid of Ovary (Uterus?), by Dr. E. M. Richman.

3. Mixed Tumor of Testicle (two), by Dr. F. R. Haussling. These cases of tumors of testicle—malignant—suggest several interesting and controverted points as to their origin, character and variety of the mixed tissue they are found, on patient sectioning, to contain, and whether what are apparently carcinoma, or sarcoma (much more rare), may not be, for example, teratoma. Dr. H. S. Martland has made some brilliant observations on this which Dr. Ewing has recently quoted in his publication.

4. Sero-fibrinous Pericarditis of very extreme degree, by Dr. W. S. Disbrow. The thickening of pericardium and obliteration of pericardial cavity were very remarkable.

5. Papillary Cyst-Adenoma of Ovary, by Dr. A. S. Harden.

6. Tumor (Spindle-celled Sarcoma ?), by Dr. Charles L. Ill.

7. Toxic Purpura, by Dr. Daniel Eliott. This suggested the whole question of purpura and its classification. (See Dr. Thacher in Medical Record, April 15, 1911.)

8. Several specimens from City Hospital, including four of extensive cerebral hemorrhage, by Dr. Martland, with lantern demonstrations.

HUDSON COUNTY.

Joseph Koppel, M. D., Reporter.

The Hudson County Medical Society held its regular monthly meeting April 4, 1911, in the Free Library building. It was well attended, with Dr. A. P. Hasking in the chair.

Among the interesting cases reported were the following:

Dr. E. H. Salmon reported a case of necrosis of the tibia after injury; exploration of the wound disclosed a nail, which was removed.

Dr. Wallace Pyle reported a case taken as tonsilitis, with a severe kidney complication, that proved to be, on microscopical examination, diphtheria.

Dr. W. F. Faison reported a case of version with such extreme difficulty in delivering the after-coming head that a cranioclast had to be used.

Dr. George E. McLaughlin advises the use of neutral paper as indicator of alkalinity in injections of salvarsan, as the yellow color of the solution does not show the reaction well on ordinary litmus paper.

Dr. A. P. Hasking reported a supposed case of diphtheria that proved to be syphilis.

The paper of the evening was read by Dr. Charles H. Finke, on "A New Treament for Fractured Patella," which I herewith enclose. It was discussed by Drs. Mooney, Rector, Purdy, Hasking and Friele. The election of officers took place, and the following gentlemen were elected for the ensuing year: President, Dr. George M. Culver; vice-president, Frank F. Bowyer; secretary, Charles H. Finke; treasurer, Henry H. Brinkerhoff; reporter, Joseph Koppel.

The next meeting and annual dinner of the society will take place at the Hotel Astor, New York City.

MERCER COUNTY.

Charles H. Holcomb, M. D., Secretary.

The Mercer County Medical Society met April 13, 1911. In the absence of the president, Dr. H. B. Costill occupied the chair.

Dr. Alexander Armstrong, a former practitioner of Trenton, now superintendent of the White Haven Sanatorium, spoke upon the topic "Some Problems in Tuberculosis" before the society. Dr. Armstrong's wide experience in the treatment of tuberculosis patients and his careful study of the disease, makes him well qualified to talk upon the subject, and his address was highly instructive as well as interesting.

The subject, "Registration of Nurses," was the topic of a talk by Dr. Underhill. The talk was directed at the bill now pending in the legislature, and to which the physicians are opposed, making it necessary for trained nurses to register, and giving them the right to affix the letters "R. N.," meaning registered nurse, to their names.

Following Dr. Underhill's talk, the society adopted the following resolution:

"Resolved, That it is the sense of the Mercer County Medical Society that the Nurses' Bill now before the legislators is malicious and detrimental to every interest involved. It places arbitrary powers in the hands of a board of five nurses; it permits interested persons to discriminate against skilled nurses who may be thoroughly competent, but technically not able to register, because such a nurse has not graduated from such a school as said board is pleased to favor. The proposed law permits the board to discriminate against all special hospitals in the interest of general hospitals. For these and other good and sufficient reasons this society places itself on record as against the passage of this bill and requests the honorable legislators to refrain from the passage of the measure.

MIDDLESEX COUNTY.

Benjamin Gutmann, M. D., Reporter.

The annual meeting of the Middlesex County Medical Society was held at the Mansion House, New Brunswick, April 19, 1911. Dr. Gutmann, the president, in the chair, with a good attendance.

The following officers were elected for the ensuing year:

President—John L. Lund, Perth Amboy.

Vice-President—Howard C. Voorhees, New Brunswick.

Secretary—Martin S. Meinzer, Perth Amboy.

Treasurer—David C. English, New Brunswick.

Reporter—Benj. Gutmann, New Brunswick.

Censors—Drs. D. C. English, F. C. Henry, A. Treganowan.

Delegates to the State Society—Drs. W. E. Ramsay, J. G. MacDowall and F. C. Henry.

Drs. James Collins, of Woodbridge, and F. M. Hoffman, of New Brunswick, were elected members.

A committee, consisting of Drs. C. E. Saulsberry, A. Gruessner and A. L. Smith, was appointed to consider the matter of contract practice and report at the next meeting.

An excellent dinner was then enjoyed.

PASSAIC COUNTY.

Thomas A. Clay, M. D., Reporter.

The annual meeting of the Passaic County Medical Society was held in the Braun building, at Paterson, N. J., on April 12, 1911. The election of officers for the year resulted as follows:

President, Dr. William Flitcroft, Paterson.

Vice-President, Dr. Robert M. Curts, Paterson.

Secretary, Dr. J. Alan Maclay, Paterson.

Treasurer, Dr. W. W. MacAlister, Paterson.

Reporter, Dr. Thomas A. Clay, Paterson.

Censor, Dr. Charles H. Scribner, Paterson.

Executive Council, Dr. E. J. Marsh, Dr. George Fischer.

Permanent Delegates—Dr. W. H. Carroll, Passaic; Dr. Joseph V. Bergin, Paterson.

Annual Delegates—Dr. Benjamin H. Rogers, Paterson; Dr. James H. Curts, Paterson; Dr. Franklin J. Keller, Paterson; Dr. J. Alexander Browne, Paterson; Dr. Thomas A. Dingman, Paterson; Dr. Orville R. Hagen, Paterson.

The meeting was a very enthusiastic one, owing largely to the fact that twenty-four members of the Passaic City Medical Society were admitted to memebrship in the Passaic County Medical Society, making the total membership of the society 129. After the retiring president, Dr. Charles H. Scribner, had thanked the members for their support during the year, the new president, Dr. William Flitcroft, was escorted to the chair and thanked the members for the honor conferred upon him, assuring the society that he was only acting as an agent of the rest of the members, and hoped for a large attendance at the meetings during the year.

After the business of the evening had been concluded the society adjourned in a body to the Colt restaurant, where sundry appetizing viands, together with potables and smokables, were served for the approval of the members.

National Tuberculosis Meeting at Denver.

The annual meeting of the National Association for the Study and Prevention of Tuberculosis will be held in Denver June 20 and 21. Members of the American Medical Association may find it convenient to attend the meeting in Denver on their way to the Los Angeles meeting. Denver may be reached by the way of the regular trains previous to the national tuberculosis meeting, and then the special trains provided for the Los Angeles meeting may be joined at Denver or at some other point in Colorado.

Proctologic Program.

The American Proctologic Society will hold its thirteenth annual meeting at Los Angeles, June 26 and 27, with headquarters at the Hotel Alexandria. The preliminary program includes eighteen titles. The subject of the presidential address by Dr. George J. Cook, Indianapolis, will be "Proctologic Recommendations." A symposium is to be held on "Constipation," taking up its etiology, physiology, bacteriology and urinary findings, pathology and diagnosis, sequelæ, including autointoxication, psychotherapy, mechanical, electric treatment and massage, non-surgical and surgical treatment.

League to Correct Medical Profession Abuses.

With the avowed object of correcting abuses in the medical profession, securing political representation and a general betterment of conditions for physicians and surgeons, the American Medico-Political Reform League has been launched in Chicago.

The league received its incorporation papers from Secretary of State Rose, December 30, and held its first meeting and election of officers recently. The incorporators, who are also the directors, are the following physicians: J. E. Waggoner, F. Tice, Lewis H. Bremerman, O. Tydings, Ralph H. Wheeler, M. G. McHugh, G. Frank Lydston, James E. Stubbs, George F. Butler, Adolph Gehrman, Charles C. O'Byrne, Henry F. Lewis and R. R. Duff.

The purpose of the league as set forth in the charter is in part as follows:

"To procure the establishment of a national bureau of health, divorced from politics; the establishment of a uniform standard of medical requirements in the several States of the Union; encouragement and co-operation with all movements and legislation for food reform which shall be fair and impartial and founded on scientific premises, encouragement of political preferment of physicians as tending to secure just representation for the profession; encouragement of measures for the correction of hospital and dispensary abuses of charity."

The American Medical Association Annual Meeting, Los Angeles, Cal., June 26-29, 1911.

We have received the following from Dr. E. L. B. Godfrey, who has been spending the winter in South Pasadena, California:

"Elaborate preparations are being made for the entertainment of the American Medical Association at Los Angeles, beginning June 26. Offices have been opened at No. 240 Bradbury Building, Los Angeles, under the supervision of the Committee of Arrangements, consisting of Drs. H. B. Ellis; G. H. Kress, W. Lindley, F. E. E. Mattison and W. J. Barlow.

"Banquets and smokers will be given on Monday, Tuesday and Thursday nights, and a great reception at the Shrine Colisseum on Wednesday night. On Thursday night, a barbecue will be given in the famous sunken gardens of Adolphus Busch, at Pasadena, with chariot races at Tournament Park, during the day. Excursions are being arranged to visit Santa Catalina Island, Venice, Santa Monica, Long Beach and San Pedro. Entertainments for the ladies are also planned for each afternoon during the convention."

Reception to President Taft.

The Medical Club of Philadelphia gave a reception to President Taft on April 21st. The following Camden physicians, who are members of the club, were among those appointed on the entertainment committee: Drs. Strock, Godfrey, Elwell, W. A. Davis, A. Davis, Mecray, Fithian, Goldstein, Hoell, Pechin, Johnson, Kelchner, Schellenger, Lee, Martindale, Lippincott and McAlister.

Notice.

Members of the Medical Society of New Jersey and others who may have had personal experience in the Operative Treatment of Aneurism by the intra-saccular method of suture (Endoaneurismorrhaphy, also known as the "Matas Operation") will confer a favor by notifying the secretary, or by communicating their experience directly to Dr. Rudolph Matas, 2255 St. Charles avenue, New Orleans, Louisiana.

THE JOURNAL

OF THE

Medical Society of New Jersey

MAY, 1911

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

David C. English, M. D., Editor,
New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J.

THE 145TH ANNUAL MEETING

of the

MEDICAL SOCIETY OF NEW JERSEY

will be held in the

NEW MONMOUTH HOTEL, SPRING LAKE,

JUNE 13-15, 1911.

Full announcements will be made in the Journal next month.

Do not forget to pay your annual dues to your County Society Treasurer before May 10, or you may lose enrollment in the State Society and reduce your County Society's representation at the annual meeting.

Every County Society Reporter should send his Annual report to Dr. Rector before May 10, and should, if possible, attend the annual meeting, where he will be enrolled with all the delegates' rights if his report has been received by the time specified.

Every County Society Secretary and Treasurer is specially invited and urged to attend the annual meeting. Their presence at the Conference of Secretaries and Treasurers is of importance to them, is for the good of their societies and means the advancement of the profession's interests. Local medical societies' secretaries and treasurers are also urged to attend, as they are entitled to membership in the State Association of Medical Secretaries and Treasurers.

IMPORTANT NOTICE.

To the Secretaries and Treasurers of Component Societies:

As the season for making your annual report approaches a brief review of the duties required may not be inopportune. The by-laws require the secretary of each component society to send to the recording secretary of the Medical Society of New Jersey, at least one month before the annual meeting (of the Med. Soc. of N. J.), *four lists.*

First—A certified roster of its total enrolled membership. This is not merely a list of those who have paid their dues, but is a list of every name the county secretary has on his roll—delinquents, suspended members, etc.

Second—A list of its officers, annual delegates and reporter.

Third—A list of the members who have paid their assessments and are otherwise in good standing. This latter list shall be *prima facie* evidence of their right to register at the annual meeting and shall form the *basis of representation* for the component society.

Fourth—A list, as complete as possible, of all non-affiliating physicians in the county. This list includes all regular physicians not named in the preceding lists, all homeopaths, osteopaths, eclectics, Christian scientists, faith healers, etc., etc. The labor of compiling a complete list is considerable, but with the start already made corrections, additions, etc., can be quickly made from year to year and a perfect list will soon be available.

Three of these lists could be combined in the first list by adding the official titles to the names of the officers, delegates, reporter, etc., and by prefixing a star or cross to the names of suspended members, delinquents, deceased, etc. In all cases care should be taken to get the *full name and address.* In case of death or removal, etc., write the word "dead," or "removed," etc., opposite the name erased. In removals, add new address if possible.

Failure to send in these four lists at least one month (May 13th this year) before the annual meeting may cause the suspension of the component society.

The county treasurers are also required to send in the amount of their annual assessments with a list of the members who have paid these assessments and are otherwise in good standing at least *two weeks before the beginning of the fiscal year* of

the Medical Society of New Jersey. (The fiscal year begins on the first day of June in each and every year.) Therefore, the treasurers should send in their assessments on or before May 18th. Failure to send the assessments at the appointed time may also cause the suspension of the component society. W. J. C.

OUR ANNUAL MEETING.

The time for our annual meeting is drawing near and we call special attention to it now, believing that it should be the best meeting we have ever had, and it will be if our members appreciate the wonderful scientific progress our profession is making and the need of its more thorough organization in order to maintain the position and reputation of our society. The programs of scientific papers and discussion, we think, have been increasingly interesting and profitable during the past few years, and we believe the program our Committee on Scientific Work has provided for this year's meeting will satisfy all who attend. We trust that the business that shall engage the attention of the House of Delegates will be so carefully prepared for the consideration of the members of that body that the time required for business will not encroach on the time allotted to the general sessions.

We hope that every permanent member of the society and every annual delegate, and as many of the members of the county societies as possible, will make their plans to be present at our meeting this year, and do not forget to bring the ladies, too. We call special attention to the notice by our Secretary, Dr. Chandler, to the County Secretaries and Treasurers, and will every county society reporter please send his report to Dr. J. M. Rector, 307 York street, Jersey City, by May 10?

There are a few members of our society who have the idea that the annual meeting should be an occasion mainly for the transaction of the mere business affairs of the profession and the perfecting of a mighty machine whose power would be felt in legislative halls for the advancement of the standing and financial interests of the profession and incidentally to increase the physician's power and influence as an instructor of the public in matters pertaining to the public welfare. Some are strong believers in and advocates of a system of medical politics that would compel public recognition of the physician's authority, that would tend to serve personal ends and secure partisan control, which is not in keeping with the traditions of our society, would tend to retard scientific progress and destroy the unity of purpose and action in the society's legitimate business affairs and its wise and helpful service of the public, and overthrow the judicious and conservative oversight under constituted authority that is striving to maintain the dignity and honor of our society and promote its scientific advancement. The only true way to compel the respect of our legislators and the public is to demonstrate to them that we are worthy of it by dignified, manly, straightforward presentation of facts and logical deductions drawn therefrom, and then persistently, in the same altruistic spirit that has ever characterized the membership of our State Society, await the time when truth shall gain the victory over error and the sacred interests of humanity shall triumph over prejudice, partisanship and graft. But let us stand together and manifest the profession's proper *esprit de corps.*

The larger part of the time of the annual meetings of our State Society has been given to the General Sessions, where scientific papers have been read and discussed—as is the universal custom in all the State Medical Societies' annual meetings. But it has been thought wise not to unduly limit the time given to the necessary business matters of the society, transacted by the House of Delegates, and yet there has been very much time thus consumed to little profit and we fear has sometimes resulted in lack of harmony in, if not discredit to, the profession. We believe that most of the business of the profession, especially that which affects its financial interests and the instruction of the public in matters per-

taining to the public welfare should be transacted by the county societies. Is it not a fact that action taken by the State Society in these matters have not been carried out by the county societies? When the State Society's Legislative Committee, in contests before the Legislature, calls for the support of the county society's local committee on legislation, how many respond? Are not the members as a rule indifferent to medical politics and legislative contests? In the matter of contract practice, is it not a fact that nearly all that has been accomplished has been done by discussions and actions in county societies, and must it not be so to make it possible and effective.

We are decidedly of the opinion that it would be a rearful mistake to cut out or cut down the scientific papers and discussions from our annual meeting program, in order to make our meetings purely or largely promotive of our business interests and possibly drag us into a state of discord and division in questionable medical politics. The main complaint, made last year by very many, was "too much business encroaching on the time allotted to the general—scientific—sessions." We do, however, venture the suggestion that some of the papers presented at our annual meetings should be much more practical in treating of the diagnosis and treatment of disease, with clinical notes, that will be helpful to the busy general practitioners, enabling them better to understand and treat the diseases which they are constantly meeting in practice.

PROFESSIONAL FIDELITY AND ITS REWARDS.

We inserted, on page 589, of the April issue of the Journal, the just tribute of Dr. Jacobi to Drs. Doty and Ashley, and also an editorial from the *New York Tribune* offering a just and beautiful tribute not only to those men, but also to the profession for the self-sacrificing and heroic work which has characterized it, as exhibited in the lives and services of many of its members.

We are sometimes amazed, beyond the power of the mind to comprehend and the power of language to express, our surprise when we think of the gross injustice, ingratitude and opposition that the members of the profession so often receive even in the midst of their highest, holiest, most unselfish endeavors to promote the public welfare and bless humanity, and especially when we are compelled to see that the great heroes of our profession who have made, through scientific study and research by vivisection, bacteriological experimentation, etc., discoveries that have amazed the scientific world, challenged its admiration and won its honors, subjected to indignities which savor of inhumanity, by anti-vivisectionists, anti-vaccinationists and other one-ideaists or cranks; when we realize how the secular press—with honrable exceptions—prostitutes its high and mighty influence to discount and distort true medical science and its proven facts, panders to ignorant and inimical popular sentiment—sometimes maliciously arousing it—and misrepresents the profession in order to please the faddists, quacks and nostrum venders and thereby secure their advertising—simple greed of gain at the sacrifice of truth, honor, principle and decency.

But the medical profession pursues its onward course of warfare and conquest, ever raising its standard of scientific attainment, demonstrating its highly altruistic spirit and ever, with increasing efficiency, using the best approved weapons and methods, in humanity's service. Enemies, ignorant critics and mercenary pretenders may make our warfare harder, more difficult, and delay victories; alas! causing thereby the needless sacrifice of tens of thousands of lives, but we fight under the full consciousness, and with the assured confidence that the God of truth and right is guiding and using us in the carrying out of His great purposes for the uplift and blessing of humanity, whether we recognize that fact or not. Passion Week, with its hallowed memories, has passed, but it has reminded us that the mightiest, the purest, the

holiest, the one perfect—"The Great Physician"—was misunderstood, maligned, crucified—giving willingly His life for humanity's salvation and blessing; but Easter day has also reminded us that His seeming defeat and death meant victory and crowning for Him and for all who follow in His footsteps.

There are certain other facts that nerve us for the conflict and encourage us in the endeavor to hasten the greater triumphs that are just ahead of us. One is the expressions we find in the respectable and influential secular press like that in the *Tribune* to which we have referred, and the number of such expressions is multiplying, as well as of similar ones uttered by eminent clergymen, lawyers, judges and other professional and business men in public addresses. Another encouraging fact is that the standards of medical education and medical licensure are being raised, and that means either the closing of a large number of inadequately equipped medical colleges or their thorough reorganization designed to provide improved methods of instruction and consequently better equipped graduates. Another encouraging fact is that the number is greatly increasing of self-denying and self-sacrificing physicians, who are giving themselves as never before to scientific research and devoted professional service. We refer not only to the men of national, or even State-wide, reputation, whose names appear prominently in the medical journals because of their discoveries or great successes, but also to that large body of intelligent, patient, plodding, devoted practitioners in the ranks, many of them in the towns and small cities of New Jersey who are doing magnificent work and winning the esteem and confidence of their fellow citizens and calling forth such tributes of respect as were recently given to Dr. John J. Haring, by the Bergen County Medical Society. Such grand service rendered in such a modest and unselfish spirit is worthy of the recognition given. There was one modest statement in Dr. Haring's address we must here repeat because applicable not only to him, but to a very large number of others:

> The emoluments never figured very largely with me. Medical fees in the olden time were quite different from those of the present. In some way either my education was neglected in the matter of exacting high fees or no inclination developed in that direction. The best compensation has often been found in the relief of suffering apart from pecuniary consideration, and those whom I am addressing can form their own judgment whether there had not been some other motive and stimulant as inspiration to the life-long professional experience outlined than money-making.

All honor to such worthy representatives of our profession, because it is such men who help greatly to make the profession honorable. The late Rev. Dr. Theodore L. Cuyler once said that it is far better to give a little "taffy" to worthy men while they are living than too much "epitaphy" concerning them when they have left us. Such complimentary dinners as was given to Dr. Haring—intended also for Dr. S. J. Zabriskie, who was unable by infirmity to attend—are eminently proper and the compliments were not "taffy," but deserved tributes to true worth. Let us scatter the flowers along the pathway of such noble men during their sojourn with us. The flowers on the casket soon fade, their beauty and fragrance are soon gone, but the flowers of kindly expression, of sympathy, of affection—the "forget-me-nots," like the alabaster box of ointment bestowed upon the Great Physician, the fragrance of which has come down to us through the centuries, will exhale their fragrance during—shall we say the declining? Nay, but—the crowning years of life, and after those years are completed and they receive the "Well done" from the Great Physician, that fragrance will continue as long as the recipients of the departed one's devoted service shall live, and as long as the printed page shall last that records those services.

The Medical Practice Bill, the Nurses' Bill and the Osteopathic Bill all failed of passage in the recent session of our Legislature. All three passed in the Assembly, but no action, beyond reference to committee, was taken in the Senate. We may have

something to say concerning our past and future attiude toward these bills in the next issue of the Journal.

CORRECTION: NURSES' BILL.

We were pleased to receive several communications endorsing our editorial on the Nurses' Bill, which met with defeat at the recent session of our Legislature; but we exceedingly regret the unintentional injustice our editorial did to Miss Elizabeth J. Higbid, of Paterson, whose name was signed as secretary to the circular which we criticized and condemned.

It now appears that Miss Higbid did not sign it nor authorize any one to attach her signature, did not know anything about it until after its issue, and does not approve its statements. Nor did the circular express the sentiments of the vast majority of the members of the State Nurses' Association. We hasten to make this correction and *amende honorable* to Miss Higbid, an able and efficient nurse, who appreciates the proper relations that should exist between physician and nurse.

The just characterization we gave the circular referred to, applies, as we are now informed, to three or four nurses who had no authority to speak for the Nurses' Association, and utterly misrepresented the almost unanimous desire of its members for the greatest possible unity and hearty co-operation of physicians and nurses.

PRELIMINARY PROGRAM
of the
145th Annual Meeting
of
The Medical Society of New Jersey
Spring Lake, June 13-15, 1911

The program is still incomplete, but for the information of our members we give a partial program, as arranged and announced by Dr. J. M. Rector, chairman of the Committee on Scientific Work, under date of April 20th.

Oration in Medicine, by Dr. George W. Norris, of Philadelphia.

Oration in Surgery, by Dr. Joseph A. Blake, of New York City, on "The Education of a Surgeon."

PAPERS.

Chronic Gastritis of Secondary Origin Presenting the Phenomena of Achlorrhydia Hemorrhagica Gastrica, Dr. James T. Pilcher, Brooklyn, N. Y.

Final Results in Surgery, Dr. Otto Kiliani, New York City.

The Estimation of the Kidney's Function, Dr. John A. C. Tull, Atlantic City.

Rodent Ulcer, with Report of Cases, Dr. Walt P. Conaway, Atlantic City.

Calcium Sulphide, Dr. John E. Pratt, Dumont, Bergen County.

Pathologic Interest, Dr. Harrison S. Martland, Newark.

Early Diagnosis of Tuberculosis and Original Method, Dr. Irving E. Charlesworth, Bridgeton.

Rupture of the Spleen, Dr. John C. McCoy, Paterson.

Epilepsy, with Special Relation to Heredity, Dr. David F. Weeks, Skillman.

The Mosquito as a Sanitary Problem, Dr. Edward A. Ayers, Branchville.

Certain Juxta-Joint Fractures and Certain Mechanical Principles Concerning Their Treatment, Dr. Fred H. Albee, Elizabeth.

Papers have also been promised by Drs. Arthur P. Hasking, Jersey City, and Thomas B. Lee, Camden, subjects to be announced later. There may also be one on Gall Bladder Disease by Dr. F. M. Donohue, of New Brunswick.

Brief memorial service in memory of Dr. Charles J. Kipp will be held.

Fuller announcements will be made in the Journal's next issue, giving order of scientific program, business outline, entertainments, etc. The usual program will also be sent to members a few days in advance of the meeting.

We congratulate our friend and predecessor in the editorial chair—Dr. Richard Cole Newton—on his appointment as a member of the State Board of Health, and thank Governor Wilson for recognizing the propriety of appointing more medical men on this Board, which deals with the health interests of our State.

Micro-Organism Found in the Blood of Acute Cases of Poliomyelitis.

Dr. Samuel G. Dixon, Commissioner of Health, has recently issued the following from the Department of Health of the State of Pennsylvania:

In examining the blood from acute cases of poliomyelitis in the human beings and also in monkeys in which the disease was produced experimentally an organism was found, different in morphologic characteristics from any heretofore described which may or may not, on further investigation, prove to be the etiological factor in the causation of the disease. Blood smears being fixed in methyl alcohol for one minute and stained with carbol-thionin, the organism appears as a faintly stained blue rod with regular cell wall about 10 microns long and about .8 microns in width, curved at an angle of sixty to seventy-five degrees at one end, occasionally at both ends. At times, the curved end is bulbous. Some of the organisms appear to have a very finely granular protoplasm when the highest amplification is employed. They may be discerned by means of a 4 m.m. dry objective but their characteristics are much more satisfactorily delineated under the 1-12 oil immersion lens. They are found free in the serum as well as within the body of the red blood cell.

The organisms do not retain the violet color when stained by the method of Gram, but assume the color of the counter stain which, as generally used in this laboratory, is a very dilute solution of carbol fuchsin. The bloods examined were from ten different cases of acute poliomyelitis in children and were taken during the epidemic of last summer and autumn, and from thirteen cases of the disease during the acute stage, which had been produced experimentally in as many monkeys.

Blood smears from three normal human beings were carefully examined and although the search for these organisms was diligently made, none were found. Smears were made from the bloods of thirteen normal monkeys with negative results. After inoculation with the virus these same monkeys gave positive results. The blood of other normal monkeys gave negative results. Blood smears were staind with iodine and sulphuric acid in order to test the organisms for cellulose, but no blue stained organisms were seen. Smears from the cords and brains of paralyzed monkeys, and from one human case were examined, but none of the new organisms were found.

Filtered virus stained with carbol-thionin and by Gram's method showed none of these organisms. Defibrinated blood, three weeks to two months old from two paralyzed monkeys showed the forms in increased numbers. Cultures made from the blood of a paralyzed monkey, in blood bouillon, plain bouillon, and blood agar, examined after having been inoculated three weeks, showed the presence of the organism in increased numbers. Dorsett's egg medium was inoculated with the same blood at the same time, but the organism was not found in smears from the surface of the medium or from the water of condensation.

We have searched without success for moving organisms in fresh blood, in old tubes of defibrinated blood from paralyzed monkeys, in blood bouillon, plain bouillon, serum bouillon cultures three weeks old and in the condensation water in three weeks old cultures on Dorsett's egg medium under dark field illumination. Success in isolating the organisms has not attended our efforts as yet.

DO NOT FORGET TIME AND PLACE OF OUR ANNUAL MEETING—SPRING LAKE, JUNE 13-15

Value of Health Board to Commuters.

By Andrew F. McBride, M. D.,
Mayor of Paterson, N. J.

Read at the annual meeting of the New Jersey Sanitary Association, at Lakewood, December 3, 1910.

The existence, prosperity and well-being of a community depend principally upon its government. As a matter of convenience and the better carrying out of its purposes, modern municipal government is divided into different departments, each department having jurisdiction over some phase of the administration of such government.

Unquestionably, the department having jurisdiction over the preservation of order is most important, because without order no community, and not even civilization itself, could exist. The maintenance of good order was the original purpose for which governments were instituted, and not, with the advance of civilization and human knowledge, has its importance as an elemental factor grown less.

As an adjunct to it, and next in importance, is undoubtedly the department having control and management of the finances. Directly or indirectly, the other functions of government are dependent upon this factor.

Without in any way minimizing the importance of the other departments or other functions of government, I feel that I am justified in placing third in importance that department having in charge the public health.

The well-being, and, to a very large extent, the prosperity of any community, must depend upon the health and sanitary measures employed. It is true that even in recent times cities have grown and prospered in spite of very inefficient supervision over this most important function, owing to special advantages or exceptional circumstances, existing in their favor. I firmly believe, however, in such instances, great as may have seemed their advancement, their advancement would have been all the greater, even without such advantages, had the measures taken to conserve the public health been more in conformity with modern health and sanitation laws. As a concrete example, I mention Philadelphia, which city has grown and prospered despite the fact that the condition of its public water supply has been notorious and that its own inhabitants have paid a toll in serious ailments and fatal illnesses that would have overwhelmed any other community not possessing its favorable location and many other advantages. I believe, however, had it not been for this one factor, that the city of Philadelphia would have shown a much greater growth and a much greater increase in material prosperity.

The advantage of a proper, well-organized, scientifically trained and efficient health department is twofold:

The advantage, first, is to the individual in his preservation from epidemic and preventable disease; secondly, to the community at large, from the loss in time and money due to illness and death from such disease. Not only is involved herein the question of the preservation of the lives of its citizens and the gross material loss aforesaid, but the public knowledge that such advantages when known, offer to the prospective

or possible citizen. Even in simple and cold-blooded propositions, devoid of all humanitarianism and sentiment, there can be no better inducement nor advertisement than a good, safe public water supply, a good sewerage system to carry away from its borders the waste products of life, the prompt removal of refuse incident to human existence, clean streets, efficient inspection of the food-supply, and prompt isolation or observation of all cases of disease which are a menace to the public health.

In order to secure the desired results and working from the principles aforesaid, it is necessary specifically—

First—For the department of health to be of the type already mentioned.

Second—That unceasing watchfulness be exercised over the public water supply. There is no other one factor which is of such vital interest to a community, from a sanitary point of view, than its water supply, because it reaches more of its members than can any other one of the elements involved.

Third—It is also necessary that intelligent and thorough oversight be exercised over the sewerage system. The accumulation or inefficient carrying off of the waste products of life are a menace to the public health of any community, perhaps, not in themselves or directly, but by reason of their existence or indirectly. Such accumulation or inefficient carrying off not only has a bad moral effect upon the community, rendering its people careless when care is needed, but affording opportunity for the development of such disease, if such disease be introduced. Not only should these waste products of life be efficiently removed, but they should be so taken care of as not to threaten the well-being or health of other communities. We owe a duty to our neighbors as well as to ourselves, and in this respect our duty in this matter is not altogether unselfish. A neighboring community, with unsanitary conditions, is a menace to ourselves, and part of the penalty of such a condition of affairs we must pay.

Fourth—Such department should also have supervision over the condition of the public streets, not only as to the removal of refuse and waste, but also the prevention of dust. Street dust is a most important factor in the causation of many of the minor illnesses affecting a community as well as of some of the graver ones. One of the most valuable weapons in the hands of sanitary science to-day is the efficient sprinkling of streets, and, without it, no community can be considered, from a sanitary point of view, as being satisfactorily governed.

Fifth—The character of the food supply is of vast importance to the well-being of a community. Due to it may arise not only epidemics and individual cases of severe disease, but also many minor ailments resulting more or less in temporary disability and the consequent economic loss.

Sixth—The isolation and observation of cases of preventable disease is the first function for which boards of health were instituted, and at the present time is a most important one. Certainly, the only other function which can rival it is the supervision of the water supply. In order to fulfill this function satisfactorily it is necessary for a department of health—first, to have knowledge as quickly as possible of such disease; secondly, to possess an isolation hospital for diseased persons, either homeless or so situated as to be a menace to the public health unless so removed; thirdly, to make careful observation of those known to be exposed and liable to develop such disease, so that, if necessary, they may be removed or properly isolated; fourthly, to have skilled and efficient school inspection.

It is an important fact that schools are culture media for disease. The gathering together of numbers of children and youths of an age most susceptible to such disease in buildings usually not efficiently ventilated, where they are held in session, in close contact for hours, cannot fail to be otherwise. Such inspection and supervision is one of the most efficient weapons in the hands of sanitary science for the prevention of such disease. This being so, it is unfortunate that in our State the Legislature has seen fit not to place this important weapon, in so far as it relates to the public schools, in the hands of the department which should be most capable of using it efficiently, but in the hands of boards of education composed of laymen who are not supposed to possess scientific and technical knowledge.

That the results desired can be secured is no longer a question of opinion or hope, but has been proven by history to be a certainty. Due to what has been accomplished along the lines indicated, the great epidemic diseases of old have lost their terrors. Properly governed communities no longer fear those great scourges, typhoid fever, cholera, smallpox, yellow fever and plague.

We know, now, that if we prevent or remove infection from our water supply, exercise proper vigilance over our food supply, no epidemic of typhoid fever or cholera is possible. We know that methodical and efficient vaccination of our people means the practical disappearance of smallpox. We know that the destruction of the mosquito or the proper screening of patients practically eliminates yellow fever. We know that the destruction of rats—and thereby the destruction of their parasites—removes the dangers of plague.

We know that the accomplishment of all that we desire in this direction is simply a question of efficient sanitary administration. We also know that such results, when obtained, conduce to the well-being and material prosperity of any community.

The mortality table is the true barometer of health conditions everywhere, and in reducing the death rate we promote, by so much, the public health and insure municipal advancement. The people, whom we serve, rely upon the fidelity, efficiency and skill of their health officers, and feel secure in the measures employed for their welfare. That their confidence is neither misplaced nor abused is fully evidenced by the uniform success achieved and the enviable record made in this and other States by our health boards, which have, since their establishment, proven their worth and their value as an important and leading factor in prolonging the period of human life and contributing no mean share to the sum of human happiness.

Rupture of the urethra occurring between the posterior layer of the triangular ligament and the scrotum is one of the most serious accidents in surgery, and demands immediate operation.—Amer. Jour. of Surgery.

Editorials from Medical Journals.

Sectarianism in Medicine is Passing Away.

Editorial from American Medicine.

It must be highly objectionable to the honorable homeopathic physicians of America when they realize their anomalous position. They know and a great many intelligent laymen know that homeopathy per se constitutes a small part of their practice. Therefore, why should they perpetuate sectarianism? It entails no sacrifice of principle or privilege to renounce sectarianism and join the ranks of the regular profession—the school, if one chooses to call it such, whose two main requirements are (first) a broad, well-grounded equipment in the fundamentals of medical education, anatomy, physiology, chemistry, pathology and allied subjects—and (second) the broadest possible knowledge of every means effective in preventing, controlling and overcoming disease. What a physician uses or how in any or all his cases is entirely a matter of individual judgment and decision.

Medical science has made wonderful strides in the past decade, and there are apparently no limits to the possibilites of controlling the diseases that afflict mankind. The humanitarian character of medical practice creates a common brotherhood between those who devote their life to medicine that is enjoyed by almost no other calling. It would seem that this brotherhood should bring all practitioners of medicine closer together and lead us as earnest workers in an honorable, noble cause to pool our efforts for the common good. The differences between educated physicians no matter what their "school," is too small to warrant the continuance of the sectarian idea. The future work of medical men in ridding humanity of preventable diseases calls for a united profession. All that is needed for the practical achievement of a professional unity that will bring all that every earnest physician hopes for, is the obliteration for all time of medical sectarianism. The homeopathic and eclectic physicians of American number too many clean, capable men to make it conceivable that they will long continue the almost obsolete claims of "school" or "pathy" which actually mean so little, but which interfere so definitely with medical solidarity and progress.

The Unfit.

Editorial from Medical Record, March 4, 1911.

In the Glasgow Medical Journal for January, Dr. W. H. Sinclair, prison surgeon at Barlinnie, Scotland, writes on the unfit. He defines the unfit for the purpose of his paper as the always tired, the loafer, and unemployed, the feeble-minded, the epileptic, the criminal and the alcoholic. The paper is lengthy, and there is only space here to touch upon a few of its most interesting points. Referring to the always tired, Sinclair thinks with Sir Lauder Brunton that there may be a relationship between intestinal toxemia and the statement which is put into the mouth of the British workman, "I eats well, I drinks well, and I sleeps well, but when I sees a bit of work coming along I'm all of a tremble."

With regard to the feeble-minded the writer makes a statement which, if it is a fact, brings up a matter of the most serious import. He says that most weak-minded men have strong sexual desire, and that the precentage of illegitimate children given birth to by feeble-minded women considerably exceeds the percentage of illegitimate births of the whole population. The average number of children in a normal family is four; the average number in a degenerate family is seven.

Sinclair's conclusions are as follows: There is a large and increasing number of the unfit. The influence of such persons is hurtful to the community, leading to the production of undesirable stock and to large public expense. Legislation for the care and control of the unfit in their own interests and in the interests of the race is urgently called for. The physically capable and non-criminal among the unfit would probably be suitably dealt with in farm and labor colonies. Notification and registration are probably necessary as a preliminary to the care and control of epileptics. Much attention should be bestowed on the health and training of epileptic children when possibly by parents, otherwise by the State. The marriage of an epileptic should be prohibited by law. Epileptics improperly cared for by their relatives should be put under care and treatment in epileptic colonies. The shutting up for the natural term of their lives of incorrigible and irresponsible inebriates is highly desirable in their own interests and in the interests of the community. A simple and easy method of finding the feeble-minded, such as notification, is probably practicable. Legislation to facilitate certification and to provide for the continued supervision or, if necessary, confinement of the feeble-minded is urgently required.

It is not only in Great Britain that such regulations as sketched above or regulations of a similar character might be of benefit to the community at large. In this country there is a large population of the unfit and the problem as to how to deal successfully with this army of undesirables is hard to solve. Any practical suggestions to this end should therefore be welcomed.

The Defective Child.

Editorial in the Medical Record.

The defective school child has recently been made the subject of an important investigation in Germany. In striking contrast to the tardiness with which New York City has awakened to the necessity of establishing special schools for defective children, Germany had already set a good example, for in 1905 there were 230 such schools in 150 German provinces, registering 15,000 children. That this enormous material furnished an enviable opportunity for studying the origin and antecedents of the various forms of degeneration encountered early in life was fully emphasized seven years ago by the illustrious psychiatrist Kraeplin, and has recently led to some important researches conducted by Eugene Schlesinger (Archiv. f. Kinderheilkunde, Vol. 16, No. 1).

The analysis by this careful investigator of the past history and antecedents of 138 defective school children showed that in 27 there was no predisposing event that could be considered sufficiently important to have causative relationship to the present defective condition. In 24 per cent. of the remainder there were unmistakable evidences of degeneration in the brothers and sisters. In 17 per cent. of the cases truancy may

have accounted for the mental backwardness, while in 13 per cent. this was attributed to conditions associated with abject poverty in the home. In most of these cases alcoholism in the parents was a coincident circumstance, but its causative role was distinctly apparent in only 2 per cent. of the cases. Ten per cent. of the cases revealed a neuropathic inheritance, but many of these cases could be explained on the basis of severe antecedent illness in the child, particularly nervous diseases, such as epilepsy, cerebral paralysis, and cerebral syphilis, and also to tuberculosis, diseases of the eye, or to the severe disorders of infancy. In 6 per cent. the defective condition was closely linked with defects in speech, in 5 per cent. with psychopathic deficiencies, while only rarely was deafness found to be a cause. In contrast to these etiological factors, only seldom did birth traumatisms, injuries to the head during early childhood, and atrophy of the thyroid, play any role, while the fact that hypertrophied tonsils were so widely prevalent excluded these as important factors in the production of the defective condition. In only 3 per cent. of the cases was the condition purely hereditary, and in 8 per cent. purely acquired, while in the remainder hereditary and acquired influences were both operative. In these, however, the acquired factors predominated.

The above figures are pregnant with significance, for they emphasize the eminent importance of environment, and the urgent need of early prophylaxis in diminishing the ranks of the school defectives.

Backward Scholars.

Giacinto Fornaca discusses the education of backward children in public schools. There are two classes of deficients—those who are backward because they are not regular in attendance, this being the result of physical incapacity in some line, such as deafness or poor vision, and those that are deficient mentally. Some children do not advance because they are poorly nourished, others because they are growing and developing fast and have not strength enough to study well. Those who are deficient mentally may or may not show it in their looks. Some are apathetic, others too vivacious and irritable; both classes are unable to concentrate their attention on any subject. Some of these children show a loss of memory, while others have an excellent memory for music or mathematics. These children are well pleased with themselves, having no idea that they are acting foolishly; they may be emotional, sentimental or affectionate. Some show a marked overactivity, and cannot refrain from slapping or pinching their fellow scholars. Important factors in the etiology of such conditions are alcohol, syphilis, tuberculosis and toxic and infective conditions in the ancestors. This deficiency may be congenital or acquired, and epilepsy is frequent among these children, either petit or grand mal. The reflexes may be exaggerated, and there may be a spastic condition of the limbs, with spasmodic movements. As to the pathology of these conditions, sufficient examinations have not been made post-mortem. The treatment of these cases involves treatment of their eye condition, hearing, removal of adenoids, etc., in the first class of cases. The treatment of the mental defectives involves special schools, in which the children can be individualized, and the same teaching gone over day after day and hour after hour, interspersed with rhythmical exercises. They should be much in the open air, under the best possible hygienic conditions, and separated from their parents for the entire year, since when they leave school and return to their homes they rapidly go back to their original state.—Gazzetta Medica di Roma.

Being Fitted and Unfitted.

From the Critic and Guide.

We are told that "21 per cent. of our youth are being fitted by the schools for the lives they are to enter and 79 per cent. unfitted." (N. Y. S. J. of Med., Nov., 1909, page 466.)

There are other "educational" ways in which our young people are being unfitted and our adult population, too, debased. The theatre, in the main, is copying the vices of our "civilization" and not upholding ideals, except in a mawkish, fatuous way. Its proper civic function should be to educate by amusing.

So what ought to be a mighty factor in the education of our people is very largely a colossal source of moral debasement. Instead of being a private business the theatre should be an institution endowed by the State and administered by the universities as trustees. Moreover, there should be municipal theatres. To the criticism that politics and graft and canned drama would enter in to debauch the municipal theatre, Mr. Percy MacKaye points in reply to the College of the City of New York as an edutional institution so planned as successfully to resist the outstretched claws of even the Tammany tiger.

As medical men we are interested in everything that pertains to the mental and moral, no less than to the physical welfare of the people and we should lend our influence to the movement for the endowed theatre.

The people most vitally concerned favor it, that is to say, the artists of the theatre: actors, dramatists, etc. Only the managers would see its consummation postponed.

Editorials from the Lay Press.

Telling the Truth.

Editorial from Collier's Weekly.

It seems impossible for the opponents of scientific medical progress to make any statement without mixing in an unconscionable amount of explicit or implied falsehood. A poster recently exhibited in Boston began as follows:

ATTENTION.

Do You Know What Vivisection Means?

"It means the cutting up of animals while alive and, in many cases, the torturing of them to death. The dog, the loving, devoted friend of man, who guards his master's property and often is the means of saving his life, is the animal particularly chosen to be the victim of the vivisector's experiments. He is rubbed with turpentine and set on fire; his body is opened and scalding water poured into his intestines; he is made to die from fatigue; he is starved to death."

To a person in just the right stage of maudlin drunkenness this should make a strong appeal. In Boston, however, within a quarter of a mile of the Common, the State House, and Faneuil Hall, it ought to be sufficiently ridiculous. In the report of the British Royal Commission (1876) you will find that the reference to burning is based on a publication in the Edinburgh "Medical Journal" forty-two years ago. The animals were anesthetized either by tincture of opium or by chloroform. The reference to the pouring of scalding water on the intestines is based on an experiment by Crile when he was working with Sir Victor Horsley in London under the harmfully stringent regulations of the British law, which, among other things, requires that animals subjected to such experimentation shall be insensitive to pain. So it goes through all this species of literature. At a lecture in Boston recently lantern slides were thrown on the screen, and the antivivisection speaker glibly described one after another until he came to a picture of a monkey with an ether cone over its face. He pointed to the cone, hesitated a moment, then turned to the audience, saying: "I don't precisely remember just what sort of torture this is intended to show."

Dr. H. C. Ross, of England, Observes Live Blood Cells.

From the North American, Philadelphia, April 20, 1911.

A number of blood specialists and research workers on April 19th visited the bacteriological laboratory of the Jefferson Medical College to meet Dr. Hugh Campbell Ross, of England, who recently made one of the most remarkable discoveries of modern times for the use of research workers. He conducted a series of experiments in the laboratory, illustrating his discovery, which he hopes will lead to the discovery of the cause of cancer and its cure.

The result of Dr. Ross' work was told recently in a book published, the cost of publication being borne by J. H. McFadden, of this city, whose guest Dr. Ross has been since last Saturday. By his method, Dr. Ross has been able to observe living blood cells. Previous to his work scientists were able to study only the dead blood cells.

After taking jelly and staining it with a blue dye Dr. Ross puts human blood on the mixture. The blood cells, still alive, absorb some of the blue dye, and are visible under the microscope. By his observations Dr. Ross was able to watch cells subdividing. This subdividing of cells is the basic principle of all life.

Heretofore the theory in regard to the division of cells has been that the nucleus, one of the component parts of the cell, is the most important feature of the subdivision. By Dr. Ross' experiments he has advanced a new theory that the protoplasm, which, with the nucleus, forms the cell, is the most important part.

Cancer is the result of too rapid multiplication of cells, and the discovery of the manner of the dividing of cells, and the influence that the various parts have to bear in the division, is considered by scientists to have an important relation to the final discovery of a cure for cancer.

Dr. Ross spent Tuesday in New York with Dr. Simon Flexner at the Rockefeller Institute. He will remain in this city several days.

The Isolation Hospital's Failure.

From the Newark Evening News, April 26, 1911

It is very unfortunate that the Essex County Isolation Hospital authorities have not seen their way clear to render prompt and efficient help to the local nursery, which is battling with a complicated outbreak of contagious disease. As the name of the county institution implies, it has in this case failed of its purpose. It was created to isolate cases that might spread and become epidemic, and not only to treat such cases, but to keep them from spreading.

The danger of contagion is particularly marked when an outbreak occurs in a children's institution, and safety requires that those affected be removed to where they cannot communicate the disease to others. For such an emergency, in particular, the isolation hospital was founded. It has failed. It has neither gone to the limit in extending help nor steered any consistent course.

Of course, it is realized that this particular outbreak presents unusual complications of diseases. Practically the only safe thing to do is to isolate such cases with and by themselves. It has thus confronted the hospital with a peculiarly hard proposition, and the hospital has failed to meet it.

Now either the isolation hospital is not the complete institution for emergencies that the citizens have been led to believe, or else the authorities in charge have not shown the capability to adapt themselves to unexpected conditions. Either the accommodations there are not what they ought to be or the authorities do not know how to handle what they have got. We appreciate the difficulties—but the hospital is there to deal with just such.

Practitioners' Contest Fails.

From the Newark Evening News, April 22, 1911

One of the interesting fights of the closing day of the Legislature was that fought behind the scenes by the medical men and the osteopaths. Each afraid of the other's strength and each fearing to make a test of its powers, the two factions of the practitioners of the healing art watched each other all day long, and finally agreed just before 2 o'clock this morning to call everything off and go home.

The results of the session for the two factions is that both stand exactly where they stood at the beginning of the year. The osteopaths for the first time in their history secured the passage of their bill through the House, but the Assemblymen were not playing favorites and sent the Ramsay medical bill along to the Senate also. When the osteopaths began to count noses in the Senate yesterday they were unwilling to have their bill taken up. A dozen of the leading practitioners of their school were on hand throughout the day, headed by Dr. D. Webb Granberry, of East Orange, president of the State Society. An equally large number of medical men were present under the leadership of Dr. Halsey, their president.

The "medicos" did some nose counting, too, and found that, while they had enough friends in the Senate to pass a strong medical bill, some of these friends believed that it would be unfair to pass any bill which did not treat the osteopaths now in practice with the utmost fair-

ness. The Senators who held the balance of power in the controversy said firmly that they would pass no medical bill that would not permit present practitioners of osteopathy to practice without examination. The result of the medical men's investigations led them yesterday afternoon to a conference with the osteopaths to ascertain whether it would be possible to reach a compromise. Meanwhile the medical bill was slumbering in the Committee on Public Health, headed by Senator Brown, a friend of the osteopaths. The osteopathic bill was already out of committee and lay on the President's desk awaiting action.

The first conference brought from the medical men a flat offer to allow all osteopaths practising in the State at the time of the passage of the act to receive a license to practice under the terms of the medical act without examination. The offer looked tempting to the osteopaths, but after a brief consideration of the subject they declined to accept. They declared that to do so would greatly injure the osteopathic school, in that the bill would still require that new osteopaths coming to the State would have to pass the State Medical Board's examinations and that this would tend to fix the medical way of fixing things upon the osteopathic school turning out students desiring to practice here. In addition they objected, on the ground that the bill would permit them to practice medicine, a thing which they were not qualified to do. They insisted that what they wanted was examinations by a board which looked at things from the osteopathic viewpoint and the right to practice osteopathy alone.

The osteopaths did consent at one stage of the proceedings to accept the medical bill, provided it was drafted to contain an amendment they had prepared. This amendment was submitted to the physicians for approval. Everything looked as if a compromise was to be immediately effected, when suddenly one of the medical men discovered a "joker" in the amendment which would without question have permitted osteopaths to examine osteopathic applicants for license to practice. When the joker was discovered, the medical men left the conference room. A short time afterward Senator Brown was induced to report the medical bill. In the afternoon there was another conference between the factions, but this brought from the osteopaths nothing but a reiteration of their stand that no matter what concessions were made to their established practitioners, no bill would receive their support which did not give them control of their own affairs.

When this decision was reached, the two schools ceased negotiations and declared war on each other for the remainder of the day. Each kept an accurate poll of the members and kept sounding each one of the Senators every hour or two to see how matters stood. As the night wore on it became evident that the osteopaths did not have enough votes to pass their bill, and it was also evident that the medical men were just shy enough of votes to make them unwilling to run the risk of a defeat.

Our School System.

From the Hudson Observer, January 28, 1911.

It did not need a report of a committee of State Senators to inform the public that the public school system of the State of New Jersey needs a thorough overhauling. The Stokes law improved matters, but not enough.

When it comes to overhauling them, let the new laws and regulations require greater care in the selection of teachers and prescribe a uniform course of study, so that a pupil moving from one district to another will not lose by it.

Find Out the Child's Talent.

From The Observer of Hudson County.

The case of Michael Demato, bad boy and pupil in the ungraded class of School No. 9, Jersey City, whose talent for drawing was discovered by his teacher, and who will now go to Italy to study under the masters, is not unusual, except in the respect that his talent has been revealed.

Many boys and girls are going to the public schools who have or can acquire only indifferent knowledge of the rule of three and those other useful things in the curriculum of the schoolroom. They take little interest in their studies and they are immediately set down as either bad or stupid. And this because they are not understood.

School teachers and school authorities, like all the rest of the world, are just beginning to learn. Some day or other—and it will not be in the distant future—some wise school board is going to place an expert in the finding of lost or embryonic talents in the public schools. By this means many boys and girls, who are given up as vicious and stupid, are going to be reclaimed as useful members of society.

There is no use trying to force a boy or girl out of his or her natural bent. True, study will polish and round out all, but no one will make a success at one occupation when his whole interest is centred in another. Find out your child's talent and then educate the youngster with a special view to bringing out that talent. It will give the child a better chance in the world.

The Child in School.

Editorial from Daily State Gazette, Trenton.

Within a comparatively few years it has come to be recognized that the progress made by a child in school depends to a considerable extent upon its physical condition. It has been learned that what are known as "backward" children are not always mentally deficient, but often physically lacking.

A child afflicted with defective sight, for instance, is subject to headaches, a child improperly nourished is sluggish, and a child in any sense suffering from a physical infliction cannot stand the strain of mental application.

Too often parents are oblivious of the physical condition of a child, and the teacher, as well, may not be observant enough to discover that what is taken for mental inaction is the result of bodily infirmities. Thus it has come to be recognized that one of the duties of society, as represented by the boards of education, is to do something aside from the mere process of mental training.

Many a child is forced to leave school solely because of its physical inability to keep up with its lessons, one of the well-known obstacles being severe headaches—weak eyes nearly always the cause—under the press of study.

For many years this one cause of "backward"

scholars has been attracting attention, and the use of glasses has, to a considerable extent, solved this particular problem. But there are many other phases of physical defects recognized as being deterrents to a proper education at the critical time in the life of a child.

This subject is not understood thoroughly by parents, and it is hardly to be expected that the teachers can discover the hidden causes of lack of application or the proper advancement. In some cities the children in the public schools are subjected to examinations by physicians with the purpose of discovering wherein they may be lacking physically and thus retarded mentally.

Medico-Legal Items.

Aider in Abortion Punishable as Principal.

The Supreme Court of New Jersey says that it was contended in State vs. Wilson (75 Atl. R., 776) that the history of the statute of that State passed in 1872, and now in force, was such as to compel the conclusion that the Legislature intended to legitimize the procuring of abortions, or at least to grant immunity to all who knowingly aided or assisted in the commission of such offence. This rather startling proposition was based on the circumstance that the original act of March 1, 1849, contains the words, "and every person with the like intent knowingly aiding and asissting such offender or offenders," which were omitted from the act of 1872. But the court suggests that the Legislature may have concluded in 1872 to retain the principal offence only with its legal incidents as to who were to be held as principals in the commission of such misdemeanor. As between this intelligent and officious purpose on the part of the Legislature and the imputation to it of an express intention, if not to legitimize, at least to condone one of the gravest offences against society, the court, as a co-ordinate branch of the government, ought not for a moment to be skeptical. So it is held that if A directs a woman in an early stage of pregnancy —i. e., before the child is quick—to go to B to have a miscarriage produced, which is accomplished by B by the use of instruments, A may be indicted as a principal offender under the New Jersey statute, and, on proof of a concert of action between him and B, may be convicted under the rule that all concerned in a misdemeanor are equally guilty.

Sufficient Evidence of Publicly Professing to Practice Medicine.

The Supreme Court of Iowa says, in the case of State vs. Yates (124 N. W. R. 174), that one witness testified that the defendant said he was healing the sick and curing people. Another witness said that he applied to the defendant for treatment for an arm injured by a severe fall on the sidewalk, and was told by the defendant: "Take off your coat, and I will cure you, and it will be all right when you leave here," after which the defendant worked at him for twenty minutes. A third witness testified that he got acquainted with the defendant at a boarding-house, and heard him talk with people about the business he was in: "He talked about treating people. He told that he rubbed people and cured them. He said that he was treating people any place he went. He did not say how many people he treated, nor name, nor describe the treatment he gave his patients." This witness said that he applied to the defendant for treatment, and was told that he (the witness) "had a healing in his throat," which the defendant rubbed, and said he could relieve. The defendant gave him treatments, but he got no relief. Subsequently, in regard to payment, the defendant told this witness that he was in the habit of charging $5 for three treatments. The witnesses who testified to being treated said that the defendant did not use medicine or surgical instruments. The court thinks that there was enough evidence to sustain a conviction for publicly professing to practice medicine and to cure and heal within the general rule stated by this court in State vs. Heath, 125 Iowa, 585.

Practice of Medicine by "Suggestive Therapeutics."

The Fourth Appellate Division of the Supreme Court of New York in People vs. Mulford (125 N. Y. S. 680) affirms a conviction of the defendant of practicing medicine without having a license and being registered as required by Chapter 344 of the Laws of New York of 1907, which declares that "A person practices medicine within the meaning of this act * * * who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

It appeared from the evidence, without contradiction, that the defendant had an office where he received patients, and treated them for physical ailments, and received compensation therefor; that he gave no medicine, and prescribed none; that he performed no surgical operations, and used no surgical instruments; that his entire treatment consisted of the laying on of hands, and manipulation, breathing and rubbing his hands together; and that his treatment was beneficial to his patients. The sign in front of his office indicated that his treatment was known and designated as "suggestive therapeutics." On the evidence he was practicing medicine, the court holds, as defined by the above statute, and was guilty of a misdemeanor thereunder.

The only contention of the defendant was that the statute is a violation of the State and United States constitutions, but it does not seem to the court to require any extended discussion to show that the Legislature had the right to enact the provisions of this law, and that it does not violate the provisions of the constitutions.

It was said that the defendant could do no harm, if he did no good, and that he should therefore have been permitted to practice his calling without interference, and that this law, which brought him within the definition of one who practiced medicine, and was therefore prohibited from doing so without a license and being registered deprived him of a legal right to carry on a proper business, and was a violation

of the provisions of the constitutions. But a patient may often suffer as well from a failure to prescribe proper remedies, or afford surgical relief promptly, as from making improper prescriptions, or performing unskilful operations. A physician who holds himselsf out to treat patients for physical ills should know whether to do anything, and what to do, to relieve his patient; otherwise, he should not be permitted to practice, and impose on the unfortunate sufferers who, like the poor, are always with us, and many of whom need the protection of the State against quacks in and out of the profession of medicine. "I (Justice Williams wrote the opinion) have no sympathy with this class of practitioners, who seek to remain outside of the control of the State, for the welfare of the people."

Responsibility of Hotel Keepers.

The Supreme Court of North Carolina has recently handed down an opinion of possible interest to sanitarians, in the case of Patrick vs. Springs. Action was brought in the Superior Court several months ago against the keeper of a hotel in Washington, N. C., for damages suffered by the plaintiff by reason of having been assigned to an unsanitary room in which there was an unsafe or leaky gas fixture. The lower court awarded the plaintiff $250, and this award was sustained by the opinion of the Supreme Court, which was as follows: "It seems now to be well settled that in case of an injury occurring in consequence of the unsanitary and defective condition of the inn, premises or room to which a guest is assigned, the innkeeper is liable on the same principles applicable in other cases where persons come on the premises at the invitation of the owner or occupant and are injured in consequence of their dangerous condition."

Doctor Entitled to Recovery from Trolley Company for Treating Injured Employee.

Reversing the judgment of the District Court of Trenton, the Supreme Court has decided that Dr. C. Winfield Perkins, of Princeton, is entitled to recover from the Trenton Street Railway Company for his services in rendering first aid to Charles Brown, a motorman, who was injured in the discharge of his duties. Incidentally, the Supreme Court decided that, apart from a merely humanitarian viewpoint, there is sound business judgment in a rule of the company, which authorizes its conductors to summon medical aid in case of an accident.

The accident in which Brown nearly lost his life happened near Stony Brook, when a flock of guinea hens ran across the track immediately in front of the car. Brown leaned out to see if any of the fowl had been caught in the running gear. In doing so he was knocked off the car, which ran over his left leg. The conductor rushed the vehicle to Princeton and summoned Dr. Perkins. After temporarily administering to the injured motorman, Dr. Perkins decided that immediate amputation was necessary to save the man's life. He was accordingly taken to McKinley Hospital in Trenton, where the leg was amputated.

Dr. Perkins sent a bill for his services to the company and payment was refused. In deciding that no cause of action existed, the District Court held that the emergency presented did not constitute the conductor an agent of the company. Justice Garrison, writing the Supreme Court opinion, said that the soundness of this ruling need not be examined, since it entirely ignored the printed instructions of the company in case of accidents.

Justice Garrison continued:

"The directors (of the company) knew, unless blind to the details of their business, that it is of the utmost importance in litigated accident cases that the medical witness who first sees and ministers to the injured person shall not be selcted and paid, or to be paid after the suit, by such person, and still more that such witness shall not be selected by the attorney who prosecutes the suit for damages. A rule that would in all cases tend to secure unbiased testimony upon this important feature of every such litigation would be an exercise of sound discretion by the directors."

Health Powers Versus Private Rights.

The Supreme Court of Vermont says, in the case of State Board of Health vs. Village of St. Johnsbury and others (73 Atl. R. 581), that a statute of that State gave the board the general oversight and care of all waters used by any cities, towns, villages, or public institutions, or by any water or ice companies in the State as sources of water supply, and authorized the board to prohibit any town, city, village, public institution, individual, or water or ice company from using water or ice from any given source whenever in its opinion the same was so contaminated, unwholesome, or impure that the use thereof endangered the public health. This statute cannot be said to be palpably in conflict with the Constitution, State or Federal; nor can it be confidently asserted that the means prescribed by it have no just relation to the protection of the public health and the public safety. It must be held, therefore, that the board has authority, if properly exercised, to restrain the defendants, as it did, from the furnishing and the use of the village water for domestic purposes until, in the opinion of the board, the danger to the public health ceases.

It is contended that no order could lawfully be made by the board in restraint of the personal liberty of the citizen, for, if water was furnished by the village in its mains and taken into the houses, the board had no authority to punish those who used it for domestic purposes; that the owners of the houses had the right to drink it, and their tenants had the same right, even though forbidden, etc. But the right of the people of the State by their legal representatives of governing and regulating the internal police of the State embraces such reasonable rules and regulations, established directly by legislative enactment, as will protect the public health and the public safety. And the State may invest local or State boards created for administrative purposes with authority in some proper way to safeguard the public health and the public safety. The way in which these results are to be accomplished is within the discretion of the State, provided the powers and functions of the general government are not thereby infringed, nor any constitutional provision of the State or the United States.

If the mode adopted by the State for the protection of the public health and safety of its local communities proves to be objectionable, in-

convenient, or even distressing to some, if nothing more can reasonably be affirmed against the statute, the answer is that it is the duty of the constituted authorities primarily to keep in view the welfare and safety of the many, and not to permit their interests to be subordinated to the wishes or the convenience of the few.

Importance to Public Health of Pure Milk and Validity of Law Fixing Standard.

The Supreme Judicial Court of Massachusetts says, in Commonwealth vs. Wheeler (91 N. E. R., 415), that milk is a very important article of food, which enters largely into the sustenance and development of children. It is the natural food of infants for a considerable time after their birth, and the milk of the cow is often used to supply the deficiency of milk from the mother. Probably there is no other article of diet the purity and good quality of which are so important to the life and health of the people, and especially to the life and health of the young children, as are the purity and good quality of milk. It is also very easy toi adulterate it, and it may be adulterated, especially by the addition of water, in such a way that nothing but a chemical analysis will detect the adulteration.

The legislature, in the interest of public health, has enacted laws intended to enable the people to obtain milk of good quality, that is free from adulteration. No one can question the proprietary of legislation on this subject. If statutes are directed to this end, the methods adopted for accomplishing the object desired, so long as they have some manifest relation to the object, must be left to legislative determination. Not only in Massachusetts, but in several other States, the establishment of a standard founded on the quantity of milk solids and of fat contained in the milk has been adopted as the best way of preventing adulteration, and of securing for purchasers milk whose quality can be relied on. It is a familiar exercise of the police power for the prevention of fraud and promotion of the public health.

That the defendants did not know that the milk they had for sale contained less than the prescribed quantity of milk solids, or but 11.65 per cent. when 12.15 per cent. of milk solids were required by the statute, was immaterial. It has often been decided that, in the public interest, the burden of ascertaining at his peril, whether an article that he sells is within the prohibition of a criminal statute, may be put on the seller.

The defendants offered evidence that the milk in their possession was not deleterious or injurious to health, but was nutritious and beneficial as an article of food. This, if proved, would not have shown that the law requiring milk sold or for sale to contain at least 12.15 per cent. of milk solids and not less than 3.35 per cent. of fat was invalid. The fact that a certain kind of milk is not injurious to health, and that it is somewhat nutritious and beneficial, as an article of food, if used discreetly, with full knowledge of its qualities and deficiencies, is not enough to deprive the legislature of its power to forbid the sale of it, if it would be likely to be used to commit frauds on purchasers who might buy and use it, relying on its supposed possession of a larger proportion of nutritious qualities, and if such use of it would be likely greatly to injure the public health, and particularly the health of young children. The legislature might believe that the authorized sale of such milk would open so wide a door to the commission of frauds on the community, and would be so injurious in its consequences, that such sales should be prohibited.

The offer to prove that the milk was without adulteration, and just as it came from properly fed cows in sound health, was governed by the same considerations.

Hospitals and Other Institutions

New Jersey State Hospital, Trenton.

The Board of Managers of the New Jersey State Hospital met recently and accepted the resignation of Dr. James K. Pollock as a member of the staff. He goes to a hospital in a Western city.

Warden Atchley was instructed to advertise for bids for furnishing and installing machinery for the new laundry building.

New Jersey State Hospital, Morris Plains.

We have received the thirty-fifth annual report of this hospital for the year ending October 31, 1910. We gather the following items from the report of Dr. Britton D. Evans, the medical director:

During the year 276 men and 243 women were admitted, the largest number ever received; of those, 259 were county indigent, 134 State indigent and 126 pay patients. At the close of the year the institution's population was 2,118, an increase of 59 over that of the previous year. During the year 50 patients were removed to the new county hospital at Cedar Grove; 1,326 men and 1,252 women received treatment. At the end of the year the patients were: 1,813 indigent patients, 209 pay patients, 66 convicts and 30 criminals. Since the opening of the hospital 34 years ago, 9,981 patients have been received. The number of patients supported entirely by the State is 604, or 28 per cent., of whom 66, or 3.11 per cent., are convicts. Of patients admitted, 33 per cent. were diagnosed as suffering from mania or mental exaltation; 56 patients had a history of homicide tendencies; 21.2 per cent. manifested dementia; 18.7 per cent. melancholia or mental depression; suicidal tendencies were said to have been exhibited in 104 cases; cases of adolescent insanity (dementia præcox) increased from 12 per cent. in the preceding year to 17 per cent. this year; in over 24 per cent of those admitted there was a history of hereditary taint. An increase is shown of cases in which intemperance and other excesses are given as the cause of mental alienation amounting to 17 per cent. of those admitted. Of physical diseases accompanying mental disorder, the most frequently found were: Arteriosclerosis, 68 cases; endocarditis, 36; nephritis, 27. One hundred seventy-nine of the patients admitted were born in New Jersey, 137 were natives of other State, and 203 were of foreign birth.

The recoveries amounted to 26.2 per cent. based on the number admitted, a gain of 1.2 per cent. over the preceding year; over 86 per cent.

of the restored gained their mental equilibrium within twelve months after admission. One hundred seventy-three patients, or 6.71 per cent. of those under treatment, died; the mental disease in 68 per cent. of these was dementia. Nearly one-twentieth of the hospital population are convicts and criminals. "The State should make provision for the segregation of this class. It would be less expensive to the public, safer and more in the promotion of the interests of those insane persons whose lives have been untainted by crime. This matter is of the most serious import to every family in the State whose relatives are afflicted with mental disorder and confined in either of the State hospitals." The hospital is still without means for isolating or properly segregating tubercular patients; 41 persons suffering from tuberculosis were in the hospital.

The report refers to the curative effects of employment of insane patients and urges the wisdom and importance of providing additional means for the employment of the patient population of the hospital, especially of the professional men, artists, skilled mechanics, etc., as shall serve to employ the mind and give physical exercise, and at the same time give a return to the institution in the utilization of the physical and mental energies of the patients so as to yield products useful to the institution. "Insane patients properly employed are much less destructive and the outlook for their ultimate recovery and restoration to usefulness to society at large is thereby greatly improved."

The appointment of a consulting staff of physicians and surgeons has proven to be a valuable aid to the hospital work. Men of marked ability in their respective specialties have been chosen who have given their services without cost to the hospital. Interesting statistical tables follow, giving detailed accounts concerning the patients, the warden's report and the financial statement.

State Village of Epileptics.

The thirteenth annual report of the New Jersey State Village for the year ending October 31, 1910, has recently been issued. It shows decided advance in the development of the variour departments, with better equipment and better and more successful work. From the report of the superintendent, Dr. David F. Weeks, we cull the following items:

Three hundred fifty-three cases were treated during the year; 56 were admitted, 14 were discharged and 10 died during the past year; the population on October 31, 1910, was 329, a net increase of 32 patients; the progress and improvement along all lines, during the year, has been greater than in any previous year since the village was established. There is a large waiting list of applicants, all of whom are entitled to admission and institutional care. A recreation building and an addition to Spring Run Cottage and a new building for men patients have been completed, but the latter still needs money to furnish it. The general health of inmates has been excellent, though an outbreak of diphtheria in February, with 7 clinical and 23 carrier cases; the quarantine established February 6 was lifted on the 28th of the same month. Two cases of typhoid developed. The need of a proper building in which to care for contagious cases is pointed out, as also of an insane department and a custodial building. A tubercular shack has been provided. Treatment by drugs and baths is referred to, and also the good work of the resident dentist. The research field work is described. The clinical psychologist who began work October 1st is putting the patients through the Binet-Simon test, with the view of ascertaining their mental development. The work of the school department has advanced along all lines, that in the industrial side has been pronounced and satisfactory. Entertainments were provided for the entertainment of patients and employees. A sterilizing and disinfecting machine has been installed. An appropriation is needed to construct a trunk sewer line and filter bed to care for sewage. The report shows the need of further appropriations to properly equip the village for doing still better work. Several interesting statistical tables follow the superintendent's report. The last one shows that during the past year 16 cases had no seizures during the year; 1 none for 9 months; 1 none for 7 months; 2 none for 6 months; 1 none for 3 months; 2 none for 2 months, and 7 none for one month. The report of the treasurer shows a total of receipts of $162,428.82, and of disbursements: amount paid to State Treasurer, $41,007.80; other expenditures, $115,875.30, and balance on hand, $5,545.72.

Alexian Brothers' Hospital, Elizabeth.

At a recent meeting of the staff of this hospital, Dr. Thomas E. Dolan was re-elected president, Dr. Joseph Funk vice-president, and Dr. Theodore F. Livingood, secretary.

Mountainside Hospital, Montclair.

At a joint session of the board of the Mountainside Hospital and Homeopathic Society held in the Y. M. C. A. building, Montclair, recently, the former organization made its reply to the Homeopathic Society concerning its request for homeopathic co-operation in Montclair.

In substance the Mountainside Hospital reported that homeopathic practice was now possible both in wards and private rooms and that the hospital patients whether private or ward could make choice of either treatment.

It was announced that Dr. Herbert W. Foster had been elected as a member of the visiting staff of the Mountainside institution. It was also announced that Dr. J. H. Young had been accorded the use of the private rooms.

Montclair is now represented by two homeopathic physicians on the Mountainside staff, Upper Montclair one and Bloomfield one. They are Dr. Foster and Dr. Young, of Montclair; Dr. Post, of Bloomfield, and Dr. Meeker, of Upper Montclair.

St. Francis's Hospital, Trenton.

A new X-ray machine has been purchased for St. Francis's Hospital at a cost of nearly $2,000, and was installed in a room devoted exclusively to this purpose last month. The hospital already has two X-ray machines, but they are not strictly modern, and the new apparatus was decided upon by Sister M. Loyola, the mother superior.

The new machine was purchased of the

Roentgen Manufacturing Company of Philadelphia, by Dr. G. N. J. Sommer, the chief of the medical staff, and Dr. Charles H. Holcombe, the Roentgenologist. Dr. Holcombe has recently been appointed on the staff as the Roentgenologist of the institution.

A New Sanatorium in Hudson County.

Drs. F. W. Faison, Louis Franklin, O. R. Blanchard, Edward Bull and William Pyle, who are well-known and prominent men in the medical profession and all connected with St. Francis's Hospital, East Hamilton Square, have banded together and will open up a sanatorium in the Bergen section. The place they have selected as an ideal sport for the institution is on Fairmount avenue.

It will be the first sanatorium established in Hudson County and will be thoroughly up to date.

The new sanatorium will be run on the same elaborate plans as those in New York City. Both skilled doctors and skilled nurses will be on hand at all hours to treat the cases they handle. Both medical and surgical cases will be handled.

Widener Home for Crippled Children.

P. A. B. Widener, of Philadelphia, will erect at Longport, near Atlantic City, a summer branch of the Home for Crippled Children, which he maintains in Philadelphia. Last summer he erected several cottages and the children were sent to the shore in groups. The new building will accommodate as many as are cared for in the Philadelphia institution. There are now ninety-two children in the home. With the exception of the school rooms the establishment will be duplicated in Longport, the building occupying an entire block and but one story high. It will contain sun parlors, gymnasium, swimming pool, light and airy dormitories and apartments for physicians and nurses. It is said that it will cost $500,000, and that Mr. Widener's instructions are to make it ideal for its purpose, regardless of expense.

Obituaries.

HART.—In Jersey City, April 10, 1911, Dr. Edward P. Hart, aged 39 years, after a week's illness from pneumonia.

Dr. Hart graduated from the Long Island College Hospital, Brooklyn, in 1897. He subsequently settled in Jersey City. He was surgeon of the Second Battalion, Fourth Regiment, of the National Guard of New Jersey.

A widow and three children survive him.

TALSON.—In Wheeling, W. Va., April 20, 1911, Dr. George W. Talson.

He was an associate practitioner with Dr. D. B St. John Roosa and the late Dr. Edward G. Janeway. He was a practitioner in Jersey City, resident physician of St. Francis' Hospital, and for years physician in the New York Hospital, Little Sisters of the Poor.

CHARLES J. KIPP, M. D.

The following obituary notice of Dr. C. J. Kipp was adopted by the Essex County Medical Society April 4, 1911. For other notices see the February Journal:

Born in Hanover, Germany, October 22, 1838; died in Newark, N. J., January 13, 1911.

Dr. Kipp began the study of medicine in his native city, coming to this country in 1854. He continued his studies at the College of Physicians and Surgeons, in New York City, and received his diploma in 1861.

Shortly after graduation, he entered the United States Army as an assistant surgeon in a New York regiment, and served in various capacities until after the close of the war. He won distinction by reason of faithful and meritorious services—occupying positions of great responsibility, and finally attained the rank of major and brevet lieutenant-colonel.

In 1868 he retired from the army and settled in Newark, where he continued to reside until the time of his death. Shortly after taking up his residence here, he determined to devote his entire attention to diseases of the eye and ear, and in 1870 organized at St. Michael's Hospital the first eye and ear clinic in the city, and remained the surgeon in charge for ten years.

In 1880 he founded the Newark Eye and Ear Infirmary, first located in Stirling street, and finally occupying the building erected for the purpose, through the generosity of Robert F. Ballantine, one of the Board of Trustees. Dr. Kipp's name and his fame in his specialty soon became universal, and he was known as a deep thinker, an accomplished diagnostician, an expert operator, and as a careful and successful practitioner in the treatment of his patients.

The honors in the gift of the medical profession were rapidly bestowed upon him. He was elected president of the Essex County Medical Society in 1881, and in his address on retiring from that office, advocated the formation of a society for the relief of widows and orphans of medical men. This society was organized in 1882, and he was elected vice-president, and in 1900, its president, continuing in office until his death.

In 1889, he was president of the Medical Society of New Jersey, and later made chairman of its Board of Trustees. About this date he was also elected president of the local medical and surgical society.

From 1901 to 1906 he was president of the Board of Managers of the New Jersey Tuberculosis Sanatorium at Glen Gardner, having been influential in its establishment. He was president of the American Ophthalmological Society in 1907, and of the American Otological Society in 1908, and a vice-president of the American Medical Association in 1908.

At one time or another, he was connected with St. Barnabas, the German and new City Hospitals, as ophthalmic surgeon, and occupied several of these positions at the time of his death.

Dr. Kipp was an able and prolific writer, and his contribution of monographs to the medical journals, and to the societies of which he was a member, were numerous and valuable.

The Newark Eye and Ear Infirmary will always be associated with his name, and be a lasting monument to his fame. It was here that he accomplished his greatest work. Several hours each day for many years, he devoted his time, energy and experience to the alleviation of suffring and disease among the poor of our city and State.

This obituary note would be incomplete with-

out a further reference to the Society for the Relief of Widows and Orphans of Medical Men. Originated and nurtured by him, its interests and well-being were very near his heart, and for nearly thirty years he worked for its growth and welfare, and before his death had the extreme satisfaction of seeing nearly four hundred physicians enrolled as members, and to know that the society had paid a sum aggregating nearly $15,000 to the families of deceased members, and had an accumulated fund of over $11,000 from which the society may in future pay small annuities, or use it for the relief of distress when such aid is needed.

While of a modest and retiring disposition, yet noted for his frankness, he was always most pronounced in his denunciation of sham and fraud, and ever ready to use his force and influence to protect the honor of his profession.

Loved, honored, respected and trusted by the physicians of the State, we shall miss his wise counsels and sound advice, but nowhere more so than in the Medical Society of New Jersey, where it will be almost impossible to find one to fill the position he occupied.

May he rest in peace.

Archibald Mercer, Chairman Committee.

Personal Notes.

Dr. Christopher C. Beling, Newark, delivered a lecture on "The Prevention of Insanity," in the Free Public Library, Newark, April 10, under the joint auspices of the Essex County Medical Society, the Woman's Club and College Woman's Club.

Dr. Dowling Benjamin, Camden, recently fell as he left a patient's house and fractured his left arm.

Dr. Sylvan G. Bushey, Camden, was a member of the Camden County Grand Jury recently.

Dr. William M. Barnes, Springfield, spent a week in Washington, D. C., last month.

Dr. Albert B. Davis, Camden, has an able article in the Camden County Society's Journal on "The Importance of the Blood Test in Clinical Diagnosis."

Drs. Grafton E. Day and Edward B. Rogers, Collingswood, are directors of the local Board of Trade.

Dr. Edward B. Epstein, Newark, and Dr. Joseph C. Winans, Belleville, last month had their names forged on prescriptions for cocaine.

Dr. E. L. B. Godfrey, Camden, has retired from the New Jersey National Guard. He has served for more than twenty-eight years in various positions; as assistant surgeon-general since April 13, 1895, and served with credit to himself and his profession and with entire satisfaction to the State.

Dr. Henry Mitchell, Asbury Park, and wife recently returned from their winter home in Florida.

Dr. John H. Moore, Bridgeton, was recently elected secretary of the Board of Health of that city.

Dr. Watson B. Morris, South Orange, has recently moved to Springfield, N. J.

Dr. George M. Ridgway, Trenton, spent Easter in Atlantic City.

Dr. Frederick H. Seward, Madison, was recently confined to his home by severe illness, but is reported as convalescent.

Dr. Patrick A. Shannon, New Brunswick, has returned from a few weeks' sojourn in Europe.

Dr. John R. Stevenson, Haddonfield, gives in the Camden Society's Journal an interesting sketch of Dr. John C. Warner, a prominent member of the Gloucester County Society a century ago.

Dr. H. Genet Taylor, Camden, has been confined to his home several weeks, due to a severe attack of gout.

Dr. William Perry Watson, Jersey City, was elected last month an elder in the old historic Bergen Reformed Church.

Dr. Mortimer Lampson, Jersey City, the superintendent of the City Hospital, is credited by correspondents in the Hudson Observer of faithfully attempting to do what should be the work of three men.

Dr. T. R. Paganelli, Hoboken, risked his life recently to save a seven-year-old boy who ran in front of his automobile while the doctor was driving down Garden street. The doctor, in order to avoid hitting the boy, ran his machine on to the sidewalk, and, beyond receiving a severe jar, there was no damage done either to himself, the boy or the machine.

If a chronic localized osteo-periostitis, as shown by the X-ray, continues to give pain in spite of internal (specific) treatment, the bone should be explored. One is very apt to find a small collection of pus in the medulla of which the radiograph gives no indication.—Amer. Jour. of Surgery.

Book Reviews.

A Text Book of Gynecological Surgery. By Comyns Berkeley, B. A., M. D., and Victor Bonney, M. D. Large octavo, cloth; 392 black-and-white illustrations, and sixteen colored plates. Price $5.00 net, by mail $5.25. Funk & Wagnalls Company, N. Y.

The authors present their personal methods of technique with full details as to preparatory and after treatment. Numerous diagrams make the text quite clear. The work is helpful to the general surgeon as well as to the specialist in this department.

A Handbook of Practical Treatment. In three volumes. By 79 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelly, M. D., Assistant Professor of Medicine, University of Pennsylvania. Volume II., Octavo of 865 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Per volume: Cloth, $6.00 net; half morocco, $7.50 net. W. B. Saunders Company, Philadelphia and London.

Last month we reviewed the first volume of this work and our judgment then expressed is fully sustained by the excellence of this second volume. The opening article by Sir Clifford Allbutt on Diseases of the Cardiovascular System is very thorough and practical, covering 152 pages. It is followed by chapters on: The surgery of the heart; typhoid fever, also its surgical complications; pneumonia, diphtheria; scarlet fever; measles; rothelu; tuberculosis; tox-

emia; septicemia and pyemia; syphilis; gonococcic infection; vaccinia; variola; chickenpox; cerebro-spinal fever; cholera Asiatica; plague! yellow fever; dengue; influenza; rheumatism and rheumatic fever; tetanus; rabies; anthrax; glanders; actinomycosis; madura foot; foot and mouth disease; pertussis; mumps; mileary fever; glandular fever; dysentery; leprosy; typhus fever; tropical diseases; ocular complications of infectious diseases; aural complications of infectious diseases; surgical treatment of joint complications of infectious diseases; animal parasites.

We have no hesitation in commending this work to all who wish an up-to-date and practical work on medical practice.

DIAGNOSTIC AND THERAPEUTIC TECHNIC. By Albert S. Morrow, M. D., Adjunct Professor of Surgery, New York Polyclinic. Octavo of 850 pages, with 815 original line drawings. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.00 net. W. B. Saunders Company, Philadelphia and London.

The author has, in a most practical and able manner brought together in a manner easily accessible for reference a large number of procedures employed in diagnosis and treatment which will save the busy practitioner the time necessary to consult a number of other medical volumes in order to obtain the information which this book will give him. The plan of the work comprises, first, a description of certain general diagnostic and therapeutic methods, and, second, a description of those measures employed in the diagnosis and treatment of diseases affecting special regions and organs of the body. Each procedure is given in sufficient detail to save uncertainty as to technic. The volume will be found helpful to the busy practitioner.

A TREATISE ON DIAGNOSTIC METHODS OF EXAMination. By Professor Dr. Hermann Sahli, Director of the Medical Clinic, University of Bern. Edited, with additions, by Nathaniel Bowditch Potter, M. D., Assistant Professor of Clinical Medicine, College of Physicians and Surgeons, New York. Octavo of 1,229 pages, containing 472 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $6.50 net; half morocco, $8.00 net. W. B. Saunders Company, Philadelphia and London.

Dr. Potter has rendered the profession in this country good service by giving them this excellent translation of the fifth German edition of this valuable book by the distinguished Swiss clinician.

The previous editions have been exceedingly popular abroad and a careful examination of this second American edition shows that the work is appreciated by our physicians in this country and is worthy of the high commendation it has received. The fifth edition shows that a great amount of time and care have been expended in revision, and much new matter, giving the results of recent investigations and the newer approved diagnostic methods. This has required the addition of 300 more pages, and 90 additional cuts and plates.

The physician who recognizes the importance of diagnostic accuracy as an essential for success in practice, will appreciate this work and will find it helpful.

STATE BOARD QUESTIONS AND ANSWERS. By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Second Edition Revised. Octavo volume of 715 pages. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $4.00 net; half morocco, $5.50 net. W. B. Saunders Company, Philadelphia and London.

The main purpose of this volume is to provide a convenient compend for the use of those who wish to prepare themselves for State Board Examinations, and it will be found very helpful. The additions to this second edition include principally questions of serum and vaccine therapy; the recent work in the serum diagnosis and treatment of syphilis; the new heart physiology; the myogenic theory and graphic methods of studying the phenomena of the circulation.

BOOKS RECEIVED.

The Principles and Practice of Modern Otology, by Drs. J. F. Barnhill and E. de W. Wales, of the Indiana University School of Medicine. Second revised edition. W. B. Saunders Company.

New and Non-Official Remedies, 1911. Description of articles accepted by the A. M. A. Council of Pharmacy and Chemistry. Press of the Am. Med. Association.

Proceedings of the American Medical Editors' Association. Forty-first annual meeting, 1910.

Litora Aliena, from the Boston Medical and Surgical Journal. Octavo, 78 pp. Price 50 cents. W. M. Leonard, publisher, Boston, Mass.

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Public Health Items.

For a paper on "The Value of Health Boards to Communities," by Dr. A. F. McBride, of Paterson, see page 640.

Newark's Action on the Milk Problem.

On April 4, 1911, the Board of Health took three steps which materially clear the milk situation in Newark.

First, and most important, the standard of milk cleanliness was fixed, and fixed at 500,000 bacteria to the cubic centimeter. This standard is practicable. Is is not so high as to be very difficult to enforce. Neither is it low enough to sanction the sale of badly contaminated milk. It is identical with that of Boston, which has been found to meet the situation admirably and will, we are sure, achieve notable results in Newark.

Almost as important as the foregoing was the adoption of a regulation insisting that milk on sale shall be kept at a temperature of 50 degrees Fahrenheit, or under. Warm milk deteriorates with amazing rapidity. The reason is that bacteria multiply in it much faster than at low temperatures. It is quite certain that

the high bacterial content of the Newark milk analyzed by the News of February was due as much to heat as to any other circumstance. To obtain a temperature of fifty degrees or below is to establish a rule, therefore, which will make greatly for the cleanliness of the fluid.

Finally, the "Roll of Honor" is a happy conception, whose effect seems certain to be of the greatest advantage. It is a plan to publicly record the names of such dealers as maintain their milk regularly at less than 100,000 bacteria to the cubic centimeter. This appeals to the pride of the dealer, who is naturally anxious to sell a superior product. It commends itself likewise to his business acumen. He can but realize that people are anxious to buy milk where it is cleanest and handled in the most hygienic manner. He must appreciate the fact that to be on the "Roll of Honor" is to materially enlarge the number of his customers. We confidently expect, therefore, that this simple device will work wonders in cleaning up the milk of the city.—Evening News.

Camden Monthly Health Report.

The percentage of contagious disease cases in this city was remarkably low for the month ending to-day. For the entire period of 30 days but 31 cases were reported. There was a total absence of typhoid fever, which speaks strongly on pure water being served by the municipal water works. Last year for the same period six cases of typhoid were reported. For the corresponding period last year 54 cases of all contagious diseass were reported.

The Birth Rate of Orange, N. J.

During the year 1910 there were 834 births in Orange, New Jersey, including four pairs of triplets and one set of twins. There were 451 deaths and 278 marriages in the same period. The birth rate showed an increase of 9 per cent. over that of the preceding year.

Infantile Paralysis in Iowa.

During the year 1910 there were 604 cases of infantile paralysis in Iowa, with 160 deaths. This number was exceeded only in Pennsylvania, which had a total of 1,028 cases.

Checking Tuberculosis.

A recent report from the New York State Department of Health shows that there has been a decided decrease in the number of deaths from tuberculosis in proportion to the population. In 1885, for instance, there were in New York City 7,189 deaths from the disease, and in the entire State 11,235, while in 1910 the total for New York City was 8,960 and for the State 14,047. Thus, although there has been an absolute increase in numbers, this increase has not been proportionate to the increase in population during the same time.

Control of Veneral Diseases.

At a recent meeting of the Board of Health of New York City a resolution was adopted which expressed the sense of the Board of Health that the early adoption of a comprehensive plan for the sanitary control of venereal diseases is necessary for the protection of public health and called on the medical advisory board to submit recommendations. The resolution has committed the Board of Health to a definite request that the city erect a public hospital for such diseases.

Public Health and Marine Hospital Service.

An examination of candidates for admission to the grade of assistant surgeon in the Public Health and Marine Hospital Service will be held in Washington on Monday, May 22, 1911. Candidates must be between twenty and thirty years of age, and graduates of a reputable medical college, and must furnish testimonials as to their professional and moral character. After four years' service assistant surgeons are eligible for examination for promotion to the grade of passed assistant surgeon. In the first-named grade the pay is $1,600 a year; in the second, $2,000; while surgeons receive $2,500. Further information may be obtained from the Surgeon-General, Public Health and Marine Hospital Service, Washington, D. C.

Cholera in Europe.

The existence of cholera in Naples, which had for some time been suspected, was not officially admitted until September 25. Before that time hundreds of cases and many deaths had been ascribed to "gastroenteritis," and accurate estimations of the real cases of cholera are not possible. In Russia the general situation is thought to be improving, although new cases have been reported in the eastern districts, and in parts of Siberia. During the week ending September 30 215 new cases and 80 deaths were reported in St. Petersburg, a considerable decrease from the week preceding. The Russian Sanitary Bureau reported 198,246 cases and 92,329 deaths from the outbreak of the epidemic to the end of September.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, March, 1911.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending March 10, 1911, was 3,231. By age periods there were 534 deaths among infants under one year, 262 deaths of children over one year and under five years, and 1,063 deaths of persons aged sixty years and over.

A marked decrease is shown in the number of deaths in New Jersey for March compared with the previous month. Deaths from measles, scarlet fever and diphtheria are less than the preceding month with measles and scarlet fever slightly above the average for the previous twelve months.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending March 10, 1911, compared with the average for the previous twelve months, which latter are given in parentheses:

Typhoid fever, 27 (34); measles, 36 (16); scarlet fever, 23 (19); whooping cough, 25 (31); diphtheria, 56 (62); malarial fever, 0 (2); tuberculosis of lungs, 350 (322); tuberculosis of other organs, 50 (52); cancer, 154 (155); diseases of nervous system, 358 (365); diseases of circula-

tory system, 391 (370); diseases of respiratory system (pneumonia and tuberculosis excepted), 308 (237); pneumonia, 381 (265); infantile diarrhœa, 49 (244); diseases of digestive system (infantile diarrhœa excepted), 146 (196); Bright's disease, 280 (224); suicide, 26 (35); all other diseases or causes of death, 571 (645); total, 3,231; 3,274.

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis:

Specimens examined from suspected cases of diphtheria, 415; tuberculosis, 557; typhoid fever, 215; malaria, 19; miscellaneous, 32; total, 1,238.

Laboratory of Hygiene—Division of Food and Drugs.

During the month ending March 31, 1911, 342 samples of food and drugs were examined in the State Laboratory of Hygiene, with results as follows:

Found below standard: 13 of the 178 of milk; the one each of beef and essence of peppermint, and the two samples of veal. Above standard all the following: 21 samples of spices; 100 eggs, cold storage; six of olive oil; 13 of cider vinegar; 15 of cream of tartar and one each of cocoa, fer-mil-lac, honey, vanilla extract and borax. Eleven suits were instituted—eight in cases of milk found below standard, two of veal and one of beef.

Division of Creameries and Dairies.

DAIRIES.

During the month, 235 dairies were visited, and the following table shows the counties in which the inspections were made, the number of dairies scoring 60 per cent. and over, and the number below 60 per cent. of the perfect mark:

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	3	0	3
Burlington	8	8	0
Essex	1	0	1
Hunterdon	34	17	17
Mercer	4	2	2
Middlesex	20	10	10
Morris	20	12	8
Passaic	10	5	5
Salem	20	7	13
Somerset	57	32	25
Union	2	0	2
Chenango, N. Y.	53	53	0
	232	146	86

Number of dairies; first inspection..... 139
Number of dairies; reinspection..... 93
Number of letters sent to dairymen..... 136
Number of water samples collected from dairy premises 5
Number of milk depots inspected..... 1

The fifty-three dairies located in the State of New York were inspected and scored at the request of the South Orange Board of Health. The milk produced on these dairies is delivered to Brisben creamery, and part of the mixed product is shipped to South Orange.

The following local board of health sent requests for dairy inspections: Bordentown, Dover, Hopewell, Kearny, New Brunswick, Paterson, Perth Amboy, Salem and South Orange.

CREAMERIES.

During the month 33 creamery inspections were made, as follows: Baptistown, Camden 3, Flemington, Guttenberg, Hopewell 2, McAfee, Monroe 2, Newark, Newton, Passaic 6, Reaville, Salem 4, Somerville, Stockholm, Swartswood, Warbasse, Wayne Township 2, and White House, N. J., and Brisben and New York, N. Y.

Number of creamery licenses recommended 4
Letters sent to creamery operators..... 17
Water samples collected from creamery premises 1

During the month ending March 31, 1911, 73 inspections were made in 49 cities and towns.

The following articles were inspected during the month but no samples were taken: Milk, 298; butter, 136; foods, 275; drugs, 70.

Other inspections were made as follows: Milk wagons, 194; milk depots, 31; grocery stores, 113; drug stores, 4; slaughter-houses, 25; confectionery stores, 3; milk cans, 400; miscellaneous inspections, 14.

Division of Sewerage and Water Supplies.

Total number of samples analyzed in the laboratory, 155; public water supplies, 95; dairy wells, 6; spring waters, 5; private wells, 24; creamery wells, 1; sewage samples, 13; State institution supplies, 11.

INSPECTIONS.

Public water supplies were inspected at Bernardsville, Belvidere 2, Blairstown, Branchville, Butler, Clinton, Franklin Furnace, Glen Gardner, High Bridge, Hampton, Millington, Newton, Sparta, Stirling, Vincentown, Smithville, Pemberton, New Lisbon, Browns Mills, New Egypt, Wrightstown, Marlton, Glassboro, Pitman 2, Glen Lake, Wenonah, Woodbury, Westville, Gloucester, Paulsboro, Gibbstown, Pennsgrove, Clarksboro, Swedesboro, Woodstown, Salem, Mantua, Clementon, Flemington, Frenchtown, Lambertville, Riegelsville, Warren Paper Mills, Stockton, Little York, Elizabeth, Newark, Burlington, Summit, Rahway, Sussex, Boonton, Rackaway, Mt. Holly, Lumberton, Medford, Moorestown.

Sewage plants and systems inspected at Haddonfield 2, Riverside, Delford, East Rutherford, Carlstadt, Lakewood, Moorestown 3, Jamesburg, Plainfield, Burlington 3, Merchantville, Rahway 2, Woodstown, Ridgewood, Princeton 2, Lawrenceville, Belmar 3, Haddon Heights, Spring Lake, Bradley Beach, Ocean Grove, Como, Avon, Allenhurst, Interlaken, Point Pleasant, Manasquan, Red Bank.

Special inspections at Woodstown, Plainfield, Mullica Hill, Asbury Park, Bellville, Spring Lake, Collingswood, Gloucester, Summit, Ridgefield, Woodbury, Millville.

Stream inspections on Whippany, Raritan, Delaware, Shark and Shrewsbury Rivers and their tributaries.

Number of pollutions reported..... 165
Number of reinspections made..... 151
Number of abatements reported..... 90
Ten-day notices to cease pollution issued.. 38
Plans for sewage disposal plants approved. 4
Plans for water plants approved..... 2
Cases referred to the Attorney-General..... 2

DO NOT FORGET TIME AND PLACE OF OUR ANNUAL MEETING—SPRING LAKE, JUNE 13-15

The Psychology of the Child

Editorial in the Interstate Medical Journal, St. Louis:

In the attitude of the modern instructor toward the child there are positive indications that the cult of seriousness, as it is worshipped by this special purveyor of knowledge, refuses absolutely to take cognizance of what is most natural, to wit, the unreceptivity of the immature mind to the deeper meaning of all the problems which are part and parcel of stressful adult life. That purblindness to the needs of the evolutionary mind should preclude the intake of a mixed pabulum is not the brightest page in modern psychology, for while it may seem to the pedagogic mind that the narrow circle of cold facts should rigidly encompass the mind of the child, there is that extreme phase of sanity here that makes us fearful lest a fierce fanaticism may not be worse than the grossest laxity. The grave, dignified and extremely unhumorous ranks of modern teachers—a class of men who by their acts appear to be harking back to the old days of the humanists—are never at a loss for a new recruit to strengthen their claims as advanced spirits in the educational world; for though the firmament may look unpromising as regards the advent of a new luminary, this is but a deception due to the fact that the uninitiated are ignorant of the hidden wisdom and philosophy in the extraordinary proceedings of the many-sided interpreters of modern psychology. As illustrative of the inexhaustibility of the subject, nothing could be more pertinent than the latest utterances of Dr. Max Meyer, professor of experimental psychology at the Missouri State University.

According to this expositor of the art psychologic, it is baneful, to say the least, to sow on soil that should be subjected to the intricacies of the world's mightiest problems, the transparencies and incongruities of the fairy tale. Into what particular cells of the brain the nefariousness of so frivolous an undertaking fastens its fangs is not explained to an eager world, but that a great and irremediable harm is done cannot be questioned, for when the word goes forth nowadays that a proceeding is wrong from a psychologic point of view, the simpler and plainer medical mind is too abashed to protest. Hence it must occur to all of us that the entertainment derived from truly German sources—from a country that must be considered the unhappy home of the fairy tale since the frivolity of its people, despite their claims to intellectuality, shows a deplorable weakness for ogres and bewitched maidens—is unsuited to the mind of the growing American child; and that, if further indulged in, the vast beauties of our well-developed commercialism will be unappreciated by minds nurtured on the cobweb of easily penetrated fantasy.

The real achievements of psychology are matters of moment and should invite the kindliest of criticism. It is a fascinating study and has a latitude that must be the envy of other studies. But just because its limitations, if there are any, extend into those far distances impenetrable to the ordinary on-looker, there should be considerable saneness in all its undertakings as a deterrent to the indulgence of what is visionary. Already the mind of the child is being steered toward those interesting sexual questions without which a modern education is supposed to be incomplete, and though this unusual work is receiving the plaudits of many enthusiasts, the promise and presage of a more admirable turn of mind in the child is not yet discernible. There can be no question that we are making an onslaught on the illusory element in primary education, but when the child has digested our illuminating instructions will it benefit, or will it be only another interesting study in abnormality for some future Ibsen, Strindberg or Brieux? Indeed, there is nothing more startling for future contemplation than the rank and file of children made worldly wise by a complete understanding of the House of Rahab and a so-called commendable ignorance of the fairy tale.

Belated Justice Justly Repaid.

I slept and dreamt I'd shuffled off
  This mortal coil on earth—
I'd had a chill and then a cough—
  All that my life was worth.
And I had found a better land,
  Devoid of ills and care,
Abundant joys on every hand
  And naught of hardship there.

Well, I just thought I'd struck it rich,
  Gone to my last repose.
And gained a rest without a hitch—
  Sans ugly woes or foes.
But I was called to give account
  Of deeds that I had done—
Of good and ill, the full amount,
  Plus joys on earth I'd won.

Well, I was thunderstruck to see
  How much that's bad men do;
How little good that's really free
  From evil sweetly true.
But my kind Judge was merciful.
  He said that mortals had
A tendency to run the whole
  Broad way unto the bad.

And I began to think, perhaps,
  There was some chance for me.
When quick the Judge attention! raps
  And said: "What's this I see?
This mortal owes a doctor's bill
  Of half a year or more,
Yet has the nerve to climb this hill
  And enter heaven's door!

"That cannot be; send him straight back
  To learn how to be just—
Not only slack, this deed is black,
  'Twould heaven's gateposts rust."
And I was thrown right o'er the wall
  And fell a thousand miles
To waken wide from such a fall
  Charmed by the doctor's wiles.

The good man said: "You've had long sleep,
  Now you'll be better sure;
There's naught can heal like slumber deep,
  Nor help sharp pains endure."
I drew a check for the doctor's bill
  Thinking perhaps I'd stay,
The next chance I had on the hill—
  At least I'd pay to-day.

X.

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